


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90088 041 ***150.00

DOCUMENT # H80326
 1. Entity Name
ALL FLORIDA ORTHOPAEDIC ASSOCIATES, P.A.



Principal Place of Business
**4600 4TH ST. N.
 ST. PETERSBURG, FL 33703**

Mailing Address
**4600 4TH ST. N.
 ST. PETERSBURG, FL 33703**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



01032007 Chg-P CR2E034 (12/06)

4. FEI Number
59-2681990

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**AMERICAN INFORMATION SERVICES, INC.
 401 E. JACKSON ST., STE. 1700
 TAMPA, FL 33802**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

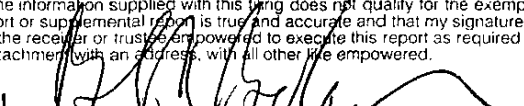
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GNAGE, LAWRENCE M. 2092 ILLINOIS AVENUE NE ST. PETERSBURG, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D3 HAMILTON, ROBERT G. 2063 ILLINOIS AVENUE NE ST. PETERSBURG, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLHOFNER, BRETT 1771 TANGLEWOOD DR NE ST PETERSBURG, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRAMLET, DALE 2044 BRIGHTWATERS BLVD NE ST PETERSBURG, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLINTON, DAVIS B 1353 SNELL HARBOR DR NE ST PETERSBURG, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RODRIGUEZ, JORGE A. 3414 WEST GABLES COURT TAMPA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:  **1-8-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deponent Phone #

All Florida Orthopaedic Associates, P.A.

FEI: 59-2681990

Additional Directors for FY2007

ATTACHMENT
40002741
1180326

DIRECTOR

George H Canizares
4146 42nd Avenue S
St. Petersburg, FL 33711

DIRECTOR

Antonio G Gayoso
8045 Elbow Lane
St. Petersburg, FL 33710

DIRECTOR

William E Lowry
1055 Marco Drive
St. Petersburg, FL 33702

DIRECTOR

Robert L Swiggett
131 Bay Point Dr NE
St Petersburg, FL 33704