


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90596 001 *2,700.00

DOCUMENT # P04000097048

1. Entity Name
ADVANCED ORTHOPAEDICS OF SOUTH FLORIDA II, INC.



Principal Place of Business
**37 N ORANGE AVE - STE 500
 ORLANDO, FL 32801**

Mailing Address
**37 N ORANGE AVE - STE 500
 ORLANDO, FL 32801**

66012453



2. Principal Place of Business
7625 LAKE WORTH RD.

3. Mailing Address
1030 N. Orange Ave.

Suite, Apt. #, etc.
SUITE 105

04202005 Chg-P CR2E034 (10/03)

City & State
LAKE WORTH, FL

City & State
Orlando, FL

Zip
33467 Country **US**

Zip
32801 Country **US**

4. FEI Number **20-1296074**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DAVIS, E. NICHOLAS III
 12200 W COLONIAL DR
 STE 303
 WINTER GARDEN, FL 34787**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	LUBINSKY, RANDY
STREET ADDRESS	37 N ORANGE AVE - STE 500
CITY - ST - ZIP	ORLANDO, FL 32801
TITLE	<input type="checkbox"/> Delete
NAME	SZPORKA, MARK
STREET ADDRESS	37 N ORANGE AVE - STE 500
CITY - ST - ZIP	ORLANDO, FL 32801
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1030 N. Orange Ave., SUITE 105
STREET ADDRESS	Orlando, FL 32801
CITY - ST - ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1030 N. Orange Ave., SUITE 105
STREET ADDRESS	Orlando, FL 32801
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 like empowered.

SIGNATURE: Mark Szporka **MARK SZPORKA** **4/20/05** **407-367-0944**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #