


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000007147
1. Entity Name
THE CENTER FOR ORTHOPAEDIC SURGERY, P.A.



Principal Place of Business: 5701 OVERSEAS HIGHWAY SUITE 17, MARATHON, FL 33050
Mailing Address: PO BOX 501179, MARATHON, FL 33050

DO NOT WRITE IN THIS SPACE



04032005 No Chg-P CR2E034 (10/03)
4. FEI Number: 65-0652237 Applied For: Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BOTELHO, GEORGE M
5701 OVERSEAS HIGHWAY SUITE 17
MARATHON, FL 33050

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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, 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	PST
NAME	BOTELHO, GEORGE M
STREET ADDRESS	5701 OVERSEAS HIGHWAY SUITE 17
CITY-ST-ZIP	MARATHON, FL 33050
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  4-8-05 561-967-1132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #