

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000007147

FILED
Apr 25, 2006
Secretary of State

Entity Name: THE CENTER FOR ORTHOPAEDIC SURGERY, P.A.

Current Principal Place of Business:

5701 OVERSEAS HIGHWAY SUITE 17
MARATHON, FL 33050

New Principal Place of Business:

95360 OVERSEAS HIGHWAY SUITE 11
KEY LARGO, FL 33037

Current Mailing Address:

PO BOX 501179
MARATHON, FL 33050

New Mailing Address:

FEI Number: 65-0652237

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOTELHO, GEORGE M
5701 OVERSEAS HIGHWAY SUITE 17
MARATHON, FL 33050 US

Name and Address of New Registered Agent:

BOTELHO, GEORGE M
95360 OVERSEAS HIGHWAY SUITE 11
KEY LARGO, FL 33037 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

04/25/2006

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: BOTELHO, GEORGE M
Address: 5701 OVERSEAS HIGHWAY SUITE 17
City-St-Zip: MARATHON, FL 33050

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BOTELHO, GEORGE M
Address: 95360 OVERSEAS HIGHWAY SUITE 11
City-St-Zip: KEY LARGO, FL 33037

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. GEORGE BOTELHO

D

04/25/2006

Electronic Signature of Signing Officer or Director

Date