

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000051717

FILED  
Jan 25, 2006  
Secretary of State

**Entity Name:** ORTHOPAEDIC CENTER OF VERO BEACH, P.A.

**Current Principal Place of Business:**

1285 36TH STREET  
SUITE 100  
VERO BEACH, FL 32960

**New Principal Place of Business:**

**Current Mailing Address:**

1285 36TH STREET  
SUITE 100  
VERO BEACH, FL 32960

**New Mailing Address:**

**FEI Number:** 65-0925136

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GARRIS, CHARLES E ATTY  
819 BEACHLAND BLVD  
VERO BEACH, FL 32963 US

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD ( ) Delete  
**Name:** GRIFFIN, DAVID W MD  
**Address:** 650 LAGOON ROAD  
**City-St-Zip:** VERO BEACH, FL 32963

**Title:** DST ( ) Delete  
**Name:** STEINFELD, RICHARD MD  
**Address:** 1012 INDIAN MOUND TRAIL  
**City-St-Zip:** VERO BEACH, FL 32963

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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:** DAVID W. GRIFFIN, MD

PD

01/25/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date