

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 24, 2005 08:00 AM
Secretary of State**

DOCUMENT # 604452

1. Entity Name
**COASTAL ORTHOPEDICS & SPORTS MEDICINE OF
SOUTHWEST FLORIDA, P.A.**



Principal Place of Business
**6015 POINTE W BLVD
BRADENTON, FL 34209**

Mailing Address
**6015 POINTE W BLVD
BRADENTON, FL 34209**



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1466615	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**VALADIE, ALAN
6015 POINTE W BLVD
BRADENTON, FL 34209**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(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

1100000242128
02/24/05-80074-009 150.00

**DO NOT WRITE
IN THIS SPACE**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AYRES, JOHN R. 6015 POINTE WEST BLVD BRADENTON, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP VALADIE, ARTHUR L 6015 POINTE W BLVD BRADENTON, FL 34209
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALADIE, ALAN 6015 POINTE WEST BLVD BRADENTON, FL 34209
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUNLAP, GARY L 6015 POINTE W. BLVD BRADENTON, FL
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____