

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 536120

FILED
Apr 05, 2006
Secretary of State

Entity Name: JOINT IMPLANT SURGEONS OF FLORIDA, P.A.

Current Principal Place of Business:

MEDICAL OFFICE CTR. #709
2780 CLEVELAND AVE.
FT. MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

MEDICAL OFFICE CTR. #709
2780 CLEVELAND AVE.
FT. MYERS, FL 33901

New Mailing Address:

FEI Number: 59-1747608

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FENNING, JOHN B.
MEDICAL OFFICE CTR. #709
2780 CLEVELAND AVE.
FT. MYERS, FL 33901 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: FENNING, JOHN B
Address: 2780 CLEVELAND AVE #709
City-St-Zip: FT. MYERS, FL 33901 US

Title: VPD () Delete
Name: HUMBERT, EDWARD T
Address: 2780 CLEVELAND AVE #709
City-St-Zip: FT MYERS, FL 33901 US

Title: TR () Delete
Name: FENNING, JOHN B
Address: 2780 CLEVELAND AVE #709
City-St-Zip: FT MYERS, FL 33901 US

Title: SEC () Delete
Name: HUMBERT, EDWARD T
Address: 2780 CLEVELAND AVE #709
City-St-Zip: FT MYERS, FL 33901 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JOHN B FENNING

PD

04/05/2006

Electronic Signature of Signing Officer or Director

_____ Date