2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # 600557

1. Entity Name
GILMER, COX, BOTT & TORRES ORTHOPAEDIC ASSOCIATION, P.A.

Principal Place of Business	Mailing Address
596 OCOEE COMMERCE PKWY OCOEE, FL 34761 US	596 OCOEE COMMERCE PKWY OCOEE, FL 34761 US

02202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1227093
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COX, W. KEVIN M.D.
596 OCOEE COMMERCE PARKWAY
OCOEE, FL 34761

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	COX, WILLIAM S
STREET ADDRESS	3019 CULLEN LAKESHORD DR
CITY-ST-ZIP	ORLANDO, FL
TITLE	P
NAME	COX, W. KEVIN
STREET ADDRESS	17311 MAGNOLIA ISLAND BLVD.
CITY-ST-ZIP	CLERMONT, FL 37411
TITLE	VP
NAME	BOTT, WILLIAM K
STREET ADDRESS	2605 NELA AVENUE
CITY-ST-ZIP	ORLANDO, FL 328093172
TITLE	S
NAME	TORRES, JOSE A M.D.
STREET ADDRESS	7546 PARK SPRING CIR
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/08/01-80033-021 150.00

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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)(i), 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: MKC MD 3-3-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #