
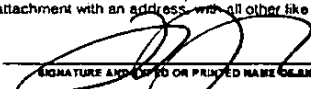


FILED
Aug 11, 2006 8:00 am
Secretary of State

07-18-2006 90084 008 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 600775			
1. Entity Name MADISON-MACKEY-ROGERS ORTHOPAEDIC ASSOCIATION, P.A.			
Principal Place of Business 800 W. MORSE BLVD SUITE 5 WINTER PARK, FL 32789-3735 US		Mailing Address 800 W. MORSE BLVD. SUITE 5 WINTER PARK, FL 32789 US	
2. Principal Place of Business 1302 Orange Avenue		3. Mailing Address 1302 Orange Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Winter Park, FL		City & State Winter Park, FL	
Zip 32789-4912		Country	
Country		Zip 32789-4912	
Country		Country	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		4. FEI Number 59-1225969	
Applied For Not Applicable			
6. Name and Address of Current Registered Agent MACKEY, DAVID L 800 W MORSE BLVD STE 5 WINTER PARK, FL		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MACKEY, DAVID L 600 VIA LUGANO WINTER PARK, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Date: 7/11/06 407-599-5900	

ATTACHMENT 66022957
THOMAS, BECK, ZURCHER & WHITE, P.A.

Certified Public Accountants
1302 Orange Avenue
Winter Park, Florida 32789-4912

(407) 599-5900
Fax (407) 599-5901

August 7, 2006

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: Document #600775

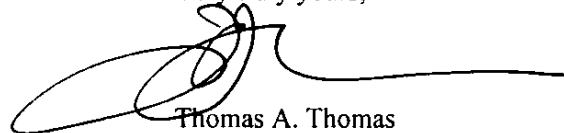
To Whom It May Concern:

Enclosed please find the returned 2006 for Profit Corporation Annual Report for Madison-Mackey-Rogers Orthopaedic Association, P.A. in which you are requesting the additional late fee of \$400.00. When this form was printed we did not check the box by mistake stating that we did not receive prior notification. Please abate the late filing penalty and accept this Annual Report and the check in the amount of \$150.00 for the filing of the 2006 Annual Report.

Thank you for your assistance with this matter.

If you have any questions concerning the above or the enclosed, please do not hesitate to contact me accordingly.

Very truly yours,



Thomas A. Thomas

TAT/kbw
Enclosures