


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 601297</b> 1. Entity Name ASSOCIATES IN ORTHOPEDICS, INC.	
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Principal Place of Business 4602 TRAILS DR SARASOTA, FL 34232	Mailing Address 4602 TRAILS DR SARASOTA, FL 34232
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**DO NOT WRITE IN THIS SPACE**



04072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1269218	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  WROBEL, GREGORY T 4602 TRAILS DR. SARASOTA, FL 34232
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when rechartering) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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**

U000000107628  
04/09/04-80022-013 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST WROBEL, GREGORY T 4602 TRAILS DR. SARASOTA, FL 34232
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IN THIS SPACE**

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: GREGORY T. WROBEL GREGORY T. WROBEL 4/7/04 941 342-1481  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #