2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # 601799

1. Entity Name
ORTHOPAEDIC CLINIC OF DAYTONA BEACH, P.A.

Principal Place of Business	Mailing Address
1075 MASON AVENUE DAYTONA BEACH, FL 32117	1075 MASON AVENUE DAYTONA BEACH, FL 32117

DO NOT WRITE IN THIS SPACE

03152004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1281292

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STEEDLY, TONI COLLERY
1075 MASON AVE.
DAYTONA BEACH, FL 32117

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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 ____________________
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, 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	S
NAME	MALCOLM, D GOTTLICH
STREET ADDRESS	1075 MASON AVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32117
TITLE	P
NAME	GILLESPY JR., THURMAN
STREET ADDRESS	1075 MASON AVENUE
CITY-ST-ZIP	DAYTONA BEACH FL,
TITLE	VP
NAME	BRYAN, JAMES M
STREET ADDRESS	1075 MASON AVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32117
TITLE	T
NAME	GILLESPY, ALBERT W
STREET ADDRESS	1075 MASON AVE
CITY-ST-ZIP	DAYTONA BCH, FL
TITLE	AT
NAME	GILLESPY, MARK C
STREET ADDRESS	1075 MASON AVE.
CITY-ST-ZIP	DAYTONA BEACH, FL 32117
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/22/04-80026-011 150.00

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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: Toni C. Steedly 3-19-04 (386) 255-4596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #