

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # 602623

1. Entity Name
THE JEWETT ORTHOPAEDIC CLINIC, P.A.



Principal Place of Business
**1285 ORANGE AVE
WINTER PARK, FL 32789**

Mailing Address
**1285 ORANGE AVE
WINTER PARK, FL 32789**



04262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1308619

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCCUTCHEN, M. D. J
1285 ORANGE AVE
WINTER PARK, FL 32789**

**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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

**U000000753822
05/22/07-80036-020 150.00**

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	PAPA, M. D. J
STREET ADDRESS	1285 ORANGE AVENUE
CITY - ST - ZIP	WINTER PARK, FL 32789
TITLE	P
NAME	MCCUTCHEN, JOHN W.
STREET ADDRESS	1285 ORANGE AVENUE
CITY - ST - ZIP	WINTER PARK, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

John W. McCutchen, M.D.

4/30/07

407-647-2287

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **John W. McCutchen, M.D.**

Daytime Phone #