

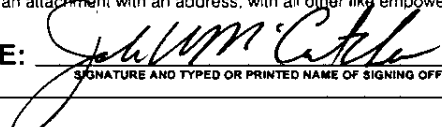


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90372 039 \*\*\*158.75

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		<b>40085886</b>  	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02262008    Chg-P    CR2E034 (12/06)	
Zip		Country		4. FEI Number 59-1308619	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MCCUTCHEN, M. D. J 1285 ORANGE AVE WINTER PARK, FL 32789				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 reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		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	ST	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPA, M. D. J		NAME	Papa, John A., M.D.	
STREET ADDRESS	1285 ORANGE AVENUE		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCUTCHEN, JOHN W.		NAME	McCutchen, John W., M.D.	
STREET ADDRESS	1285 ORANGE AVENUE		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Munson, Gregory O., M.D.	
STREET ADDRESS			STREET ADDRESS	1285 Orange Avenue	
CITY-ST-ZIP			CITY-ST-ZIP	Winter Park, Florida 32789	
TITLE		<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Chase, John R., M.D.	
STREET ADDRESS			STREET ADDRESS	1285 Orange Avenue	
CITY-ST-ZIP			CITY-ST-ZIP	Winter Park, Florida 32789	
TITLE		<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Shure, Richard L., M.D.	
STREET ADDRESS			STREET ADDRESS	1285 Orange Avenue	
CITY-ST-ZIP			CITY-ST-ZIP	Winter Park, Florida 32789	
TITLE		<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Morris, Hugh B., M.D.	
STREET ADDRESS			STREET ADDRESS	1285 Orange Avenue	
CITY-ST-ZIP			CITY-ST-ZIP	Winter Park, Florida 32789	
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, MD		4-2-08 (407) 647-2287	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

ATTACHMENT 40085886

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #602623

THE JEWETT ORTHOPAEDIC CLINIC, P.A.

**Additional Officers and Directors:**

VD

Konsens, Richard M., M.D.  
1285 Orange Avenue  
Winter Park, Florida 32789

VD

Deren, Jeffrey A., M.D.  
1285 Orange Avenue  
Winter Park, Florida 32789

VD

Tall, Reginald L., M.D.  
1285 Orange Avenue  
Winter Park, Florida 32789

VD

Mintzer, Craig M., M.D.  
1285 Orange Avenue  
Winter Park, Florida 32789

VD

Barnard, Brian K., M.D.  
1285 Orange Avenue  
Winter Park, Florida 32789

VD

Krumins, Kenneth A., M.D.  
1285 Orange Avenue  
Winter Park, Florida 32789

VD

Robison, Janet M., M.D.  
1285 Orange Avenue  
Winter Park, Florida 32789

VD

Beckner, Mark A., M.D.  
1285 Orange Avenue  
Winter Park, Florida 32789

VD

Fenichel, Adam S., M.D.  
1285 Orange Avenue  
Winter Park, Florida 32789

VD

Jablonski, Michael V., M.D.  
1285 Orange Avenue  
Winter Park, Florida 32789

VD

Billings, Joseph B., D.O.  
1285 Orange Avenue  
Winter Park, Florida 32789

VD

Choung, Steven C., M.D.  
1285 Orange Avenue  
Winter Park, Florida 32789

VD

Macksoud, Wadih S., M.D.  
1285 Orange Avenue  
Winter Park, Florida 32789

VD

Gasner, Kurt A., M.D.  
1285 Orange Avenue  
Winter Park, Florida 32789

VD

Brown, Mary Lynn, M.D.  
1285 Orange Avenue  
Winter Park, Florida 32789