

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jun 30, 2005 08:00 AM
Secretary of State

DOCUMENT # 604675

1. Entity Name
ORLANDO ORTHOPAEDIC CENTER, M.D., P.A.



Principal Place of Business

**100 W. GORE ST.
SUITE 500
ORLANDO, FL 32806**

Mailing Address

**100 W. GORE ST. FIFTH FLOOR
LUCERNE MEDICAL PLAZA
ORLANDO, FL 32806**



06232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1486941

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GOLL, STEPHEN R
711 PINETREE RD
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

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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	ROSEN, JEFFREY P
STREET ADDRESS	1684 INDIAN DANCE COURT
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	T
NAME	JONES, CRAIG P
STREET ADDRESS	1345 SPRING LAKE DRIVE
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	VP
NAME	HALPERIN, LAWRENCE S
STREET ADDRESS	408 SPRING VALLEY LANE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	1AS
NAME	BLICK, SAMUEL S
STREET ADDRESS	8707 SOUTHERN BREEZE DR.
CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	1AT
NAME	MCBRIDE, G. GRADY
STREET ADDRESS	204 QUAYSIDE CIRCLE #104
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	2AS
NAME	FUNK, JOSEPH D
STREET ADDRESS	2704 WINDSOR HILL DRIVE
CITY-ST-ZIP	WINDERMERE, FL 34786

U00000369865
06/30/05-80001-015 150.00

**DO NOT WRITE
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Vice President 407-254-2528