

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 604675

FILED  
May 12, 2008  
Secretary of State

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

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 59-1486941

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOLL, STEPHEN R  
711 PINETREE RD  
WINTER PARK, FL 32789 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: S ( ) Delete  
Name: ROSEN, JEFFREY P  
Address: 1684 INDIAN DANCE COURT  
City-St-Zip: MAITLAND, FL 32751

Title: T ( ) Delete  
Name: JONES, CRAIG P  
Address: 1345 SPRING LAKE DRIVE  
City-St-Zip: ORLANDO, FL 32804

Title: VP ( ) Delete  
Name: HALPERIN, LAWRENCE S  
Address: 408 SPRING VALLEY LANE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: 1AS ( ) Delete  
Name: BLICK, SAMUEL S  
Address: 8707 SOUTHERN BREEZE DR  
City-St-Zip: ORLANDO, FL 32836

Title: 1AT ( ) Delete  
Name: MCBRIDE, G. GRADY  
Address: 204 QUAYSIDE CIRCLE #104  
City-St-Zip: MAITLAND, FL 32751

Title: 2AS ( ) Delete  
Name: FUNK, JOSEPH D  
Address: 2704 WINDSOR HILL DRIVE  
City-St-Zip: WINDERMERE, FL 34786

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN R GOLL

P

05/12/2008

Electronic Signature of Signing Officer or Director

Date