


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # 624839 1. Entity Name CORAL REEF ORTHOPAEDIC ASSOCIATES, P.A.	
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Principal Place of Business 9299 CORAL REEF DRIVE MIAMI, FL 33157	Mailing Address 9299 CORAL REEF DRIVE MIAMI, FL 33157
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04152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1924515	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLHEISER, PETER J., M.D.
9299 CORAL REEF DRIVE SUITE 104
MIAMI, FL 33157

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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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLHEISER, PETER J., MD 9299 SW 152ND STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLHEISER, MARIA 9299 SW 152ND STREET MIAMI, FL
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05/06/05-80029-016 150.00

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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: ✓ Peter Millheiser ✓ 4/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #