2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

ANNUAL REPORT				Secretary of State	
DOCUMENT # 624839 1. Entity Name CORAL REEF ORTHOPAEDIC ASSOCIATES, P.A.				Sec	retary of State
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Principal Plac	e of Business	Mailing Address			
9299 CORAL MIAMI, FL 3	. REEF DRIVE 3157	9299 CORAL REEF DRIVE MIAMI, FL 33157			
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<u> </u>				5. Certificate of Status Desired	Fee Required
	6. Name and Address of Current Re	egistered Agent	Arrive State of the state of th		
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MIAMI, FL 33157			Paral Sunt	IN THIS SI	PACE
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}			autimotive and the		Alleria Salaria
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 privised name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE					
Fil After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution		00 May Be ed to Fees	
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12. I hereby certify that the information supplied with this filling 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

4/29/05

Daytime Phone #