

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 625091

FILED  
Feb 09, 2005  
Secretary of State

Entity Name: AMELIA ISLAND ORTHOPAEDICS, INC.

**Current Principal Place of Business:**

1250 S 18TH STREET  
204  
FERNANDINA BCH, FL 32034 US

**New Principal Place of Business:**

**Current Mailing Address:**

1250 S 18TH ST  
204  
FERNANDINA BCH, FL 32034 US

**New Mailing Address:**

FEI Number: 59-1916392      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PARKS, RALPH A M.D.  
1250 S 18TH ST  
204  
FERNANDINA BCH, FL 32034 US

**Name and Address of New Registered Agent:**

SMTIH, GREGORY N MD  
1250 S 18TH ST  
204  
FERNANDINA BCH, FL 32034 US

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: GREGORY N. SMITH, MD      02/09/2005  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PARKS, RALPH A  
Address: 1250 S 18TH STREET, SUITE 204  
City-St-Zip: FERNANDINA BCH, FL 32034

Title: S (X) Delete  
Name: PARKS, NANCY JEAN  
Address: 1250 S. 18TH STREET, SUITE 204  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: AS (X) Delete  
Name: SMITH, GREGORY NEAL MD  
Address: 1250 SOUTH 18TH STREET, SUITE 204  
City-St-Zip: FERNANDINA BEACH, FL 32034

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SMITH, GREGORY N  
Address: 1250 S 18TH STREET, SUITE 204  
City-St-Zip: FERNANDINA BCH, FL 32034

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 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 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: GREGORY N. SMITH, MD      MD      02/09/2005  
Electronic Signature of Signing Officer or Director      Date