


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 716661 1. Entity Name ORTHOPAEDICS ASSOCIATION, INC.	
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Principal Place of Business W. THAXTON SPRINGFIELD CENTER UNIVERSITY OF FL COLLEGE OF MEDICINE GAINESVILLE, FL 32610	Mailing Address W. THAXTON SPRINGFIELD CENTER UNIVERSITY OF FL COLLEGE OF MEDICINE GAINESVILLE, FL 32610
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02042004 No Chg-NP CR2E037 (10/03)

4. FEI Number 23-7206508	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent JONES, RICHARD T 912 NE 2ND ST GAINESVILLE, FL 32605

**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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

1000000051701
02/16/04 00002 000 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DELL, PAUL C. RT 1 BOX 304 B MICANOPY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SLATTERY, JAMES B. 6820 NW 11TH PLACE GAINESVILLE, FLA. 32605,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SKLENICKA, RUSSELL 1600 LAKELAND HILLS BLVD LAKELAND, FLA. 33801,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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 617, 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 #