


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 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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DO NOT WRITE IN THIS SPACE



02082005 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

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 Paul C. Dell DATE 3/16/05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	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	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	

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03/29/05-80009-001 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Paul C. Dell DATE 3/29/05 352 273-7374

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR