

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90047 031 ****61.25

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01172006 Chg-NP CR2E037 (11/05)

DOCUMENT # 716661 1. Entity Name ORTHOPAEDICS ASSOCIATION, INC.					
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		
2. Principal Place of Business 3450 Hull Road Suite, Apt. #, etc. 3rd FL, Rm 3341 City & State Gainesville, FL Zip 32607		3. Mailing Address PO Box 112727 Suite, Apt. #, etc. City & State Gainesville, FL Zip 32611-2727			
Country USA		Country USA		4. FEI Number 23-7206508 Applied For <input type="checkbox"/> 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			7. Name and Address of New Registered Agent Name M. Louise Stewart Street Address (P.O. Box Number is Not Acceptable) 3450 Hull Road 3rd Floor RM 3341 Gainesville, City FL Zip Code 32611-2727		
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 <u>M. Louise Stewart</u> 1/17/2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELL, PAUL C. RT 1 BOX 304 B MICANOPY, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10712 SW Williston Road 32667	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLATTERY, JAMES B. 6820 NW 11TH PLACE GAINESVILLE, FLA. 32605,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKLENICKA, RUSSELL 1600 LAKELAND HILLS BLVD LAKELAND, FLA. 33801,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>M. Louise Stewart</u> 1/17/2006 352-273-7375 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					