

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F34804

FILED
Apr 06, 2006
Secretary of State

Entity Name: HALIFAX ORTHOPAEDIC CLINIC, P.A.

Current Principal Place of Business:

614 N. PENINSULA DRIVE
DAYTONA BEACH, FL 32118 US

New Principal Place of Business:

Current Mailing Address:

614 N. PENINSULA DRIVE
311 N CLYDE MORRIS BLVD SUITE 480
DAYTONA BEACH, FL 32118 US

New Mailing Address:

614 N. PENINSULA DRIVE
DAYTONA BEACH, FL 32118 US

FEI Number: 59-2089594

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SELTZER, NORMAN B., M.D.
614 N. PENINSULA DRIVE
DAYTONA BEACH, FL 32118 US

Name and Address of New Registered Agent:

SELTZER, NORMAN B., M.D. PA
614 N. PENINSULA DRIVE
DAYTONA BEACH, FL 32118 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: NORMAN B SELTZER MD

04/06/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SELTZER, NORMAN B, M, D
Address: 614 N. PENINSULA DRIVE
City-St-Zip: DAYTONA BEACH, FL 32118

Title: VP () Delete
Name: GAINES, RICHARD K
Address: 614 N. PENINSULA DRIVE
City-St-Zip: DAYTONA BEACH, FL 32118

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Chapter 119, 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: NORMAN B SELTZER

DP

04/06/2006

Electronic Signature of Signing Officer or Director

Date