


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90564 014 \*\*\*150.00

DOCUMENT # <b>G61950</b>																																								
1. Entity Name <b>Tri-County Orthopaedics PA</b>																																								
Principal Place of Business <b>317 N. Mangrove Ave Sanford FL 32771</b>			Mailing Address <b>317 N. Mangrove Ave Sanford FL 32771</b>																																					
2. Principal Place of Business		3. Mailing Address																																						
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																						
City & State		City & State																																						
Zip		Country		Zip																																				
Country		Country		Country																																				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																				
Name				Name																																				
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)																																				
City				City																																				
FL				FL																																				
Zip Code				Zip Code																																				
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 _____				DATE <b>4.14.05</b>																																				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)				DATE																																				
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																					
10. OFFICERS AND DIRECTORS																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td><b>JOHN F. SCHAEFFER MD</b></td> <td><b>317 N. Mangrove Ave</b></td> <td><b>Sanford FL 32771</b></td> <td></td> </tr> <tr> <td></td> <td><b>NARINDER S. Anila MD</b></td> <td><b>317 N. Mangrove Ave</b></td> <td><b>Sanford FL 32771</b></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> </table>						TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>JOHN F. SCHAEFFER MD</b>	<b>317 N. Mangrove Ave</b>	<b>Sanford FL 32771</b>			<b>NARINDER S. Anila MD</b>	<b>317 N. Mangrove Ave</b>	<b>Sanford FL 32771</b>						<input type="checkbox"/> Delete					<input type="checkbox"/> Delete					<input type="checkbox"/> Delete					<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																								
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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 607, 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: _____				DATE <b>4.14.05</b> 407-328-2577																																				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date																																				