

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # G61950

1. Entity Name

TRI-COUNTY ORTHOPAEDICS, P.A.



Principal Place of Business

317 N MANGOUSTINE AVE
SANFORD, FL 32771 US

Mailing Address

317 N MANGOUSTINE AVE
SANFORD, FL 32771 US



04062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2322787

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHAEFFER, JOHN F.
317 N. MANGOUSTINE AVE.
SANFORD, FL 32771

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHAEFFER, JOHN F.
STREET ADDRESS 317 N. MANGOUSTINE AVE.
CITY-ST-ZIP SANFORD, FL

TITLE T
NAME AUJLA, NARINDER S.
STREET ADDRESS 317 NORTH MANGIUSTINE AVENUE
CITY-ST-ZIP SANFORD, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000498297
04/22/06-80086-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-6-06