
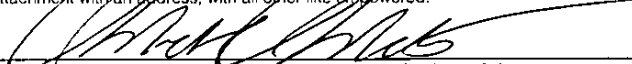


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90982 003 ***150.00

DOCUMENT # G88114									
1. Entity Name ROBERTS ORTHOPAEDIC CLINIC, P.A.									
Principal Place of Business 453 N KIRKMAN RD SUITE 201 ORLANDO, FL 32811 US		Mailing Address 453 N KIRKMAN RD SUITE 201 ORLANDO, FL 32811 US							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State							
Zip	Country	Zip	Country	4. FEI Number 59-2412539 <table border="1" style="float: right; margin-left: 10px;"> <tr> <td>Applied For</td> <td></td> </tr> <tr> <td>Not Applicable</td> <td></td> </tr> </table>		Applied For		Not Applicable	
Applied For									
Not Applicable									
5. Certificate of Status Desired <input type="checkbox"/>				04282005 Chg-P CR2E034 (10/03) \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent						
ROBERTS, ROBERT S. 5168 FAIRWAY OAKS DR. WINDERMERE, FL 34786			Name						
			Street Address (P.O. Box Number is Not Acceptable)						
			City		FL	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
TITLE	MD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition				
NAME	ROBERTS, ROBERT S.		NAME						
STREET ADDRESS	5168 FAIRWAY OAKS DRIVE		STREET ADDRESS						
CITY-ST-ZIP	WINDERMERE, FL		CITY-ST-ZIP						
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition				
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition				
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition				
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition				
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
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: _____				4-28-05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #					