

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H26292</b>	
1. Entity Name <b>SARASOTA COUNTY BONE &amp; JOINT CONSULTANTS, INC.</b>	
Principal Place of Business <b>6130 SOUTH TAMiami TRAIL SARASOTA, FL 34231</b>	Mailing Address <b>6130 SOUTH TAMiami TRAIL SARASOTA, FL 34231</b>
<b>DO NOT WRITE IN THIS SPACE</b>	



03312005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0023194</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>VAUGHN-BIRCH, NORMAN 720 S. ORANGE AVENUE SUITE 1100 SARASOTA, FL 34236</b>
---

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEMIAN, DAVID W 8135 MIDNIGHT PASS RD SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SEMIAN, CAROL B 8135 MIDNIGHT PASS RD SARASOTA, 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	

1100000301545  
04/13/05-80097-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: David W Semian  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/05 (941) 922-1565  
Date Daytime Phone #

DAVID W SEMIAN