

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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May 01, 2006 8:00 am
Secretary of State

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04262006 Chg-P CR2E034 (11/05)

DOCUMENT # J69950 1. Entity Name WEST COAST ORTHOPAEDICS, P.A.					
Principal Place of Business % JEREMIAH A. HUBBARD 520 SE 8 AVE CRYSTAL RIVER, FL 34429			Mailing Address % JEREMIAH A. HUBBARD 520 SE 8 AVE CRYSTAL RIVER, FL 34429		
2. Principal Place of Business 2631-A NW 41st ST Suite, Apt. #, etc.		3. Mailing Address 2631-A NW 41st St. Suite, Apt. #, etc.		4. FEI Number 59-2789817 Applied For <input type="checkbox"/> Not Applicable	
City & State Gainesville FL Zip 32606 Country US		City & State GAINESVILLE FL Zip 32606 Country US			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent STALCUP, II W.J. 520 SE 8TH AVENUE CRYSTAL RIVER, FL 34429	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2631-A NW 41st ST City GAINESVILLE FL Zip Code 32606					
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, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	P HUBBARD, JEREMIAH A. <input type="checkbox"/> Delete 520 SE 8 AVE CRYSTAL RIVER, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2631-A NW 41st ST GAINESVILLE FL 32606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input type="checkbox"/> Delete STALCUP, WILLIAM J. II 520 SE 8 AVE CRYSTAL RIVER, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2631-A NW 41st ST GAINESVILLE FL 32606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:		Jeremiah A Hubbard		4/25/06 352-373-9140	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	