

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 01, 2007 08:00 A
Secretary of State**DOCUMENT # J69950**1. Entity Name
WEST COAST ORTHOPAEDICS, P.A.

Principal Place of Business

**2631-A NW 41ST ST
GAINESVILLE, FL 32606**

Mailing Address

**2631-A NW 41ST ST
GAINESVILLE, FL 32606**

04292007 No Chg-P CR2E034 (11/05)

4. FEI Number

59-2789817

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**DO NOT WRITE IN THIS SPACE****6. Name and Address of Current Registered Agent****STALCUP, II W.J.
2631-A NW 41ST ST
GAINESVILLE, FL 32606****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, 2007 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	HUBBARD, JEREMIAH A.
STREET ADDRESS	2631-A NW 41ST ST
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	ST
NAME	STALCUP, WILLIAM J. II
STREET ADDRESS	2631-A NW 41ST ST
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000750090
05/18/07-80048-021 150.00**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:*Jeremiah Hubbard*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/07

Date

(352) 795-4998

Daytime Phone #