

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT****FILED**  
**May 02, 2008 08:00 AM**  
**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

04232008 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 WJ.  
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, 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 P  
NAME HUBBARD, JEREMIAH A.  
STREET ADDRESS 2631-A NW 41ST ST  
CITY-ST-ZIP GAINESVILLE, FL 32606TITLE ST  
NAME STALCUP, WILLIAM J. II  
STREET ADDRESS 2631-A NW 41ST ST  
CITY-ST-ZIP GAINESVILLE, FL 32606TITLE  
NAME  
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STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**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 #

Jeremiah A Hubbard

4/28/08

(352) 745-4998