
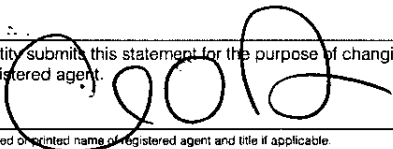
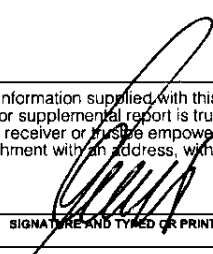


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90085 032 \*\*\*150.00

<b>DOCUMENT # L31472</b> 1. Entity Name <b>THE AMERICAN JOURNAL OF ARTHROSCOPY, INC.</b>					
Principal Place of Business <b>7315 HUDSON AVENUE HUDSON, FL 34667</b>			Mailing Address <b>7315 HUDSON AVENUE HUDSON, FL 34667</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>58-1941935</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ZSCHAU, JULIUS J ESQ. 2701 N. ROCKY POINT DRIVE SUITE 930 TAMPA, FL 33607</b>				7. Name and Address of New Registered Agent Name <b>Christian F. O'Ryan</b> Street Address (P.O. Box Number is Not Acceptable) <b>2701 N. Rocky Point Dr.</b> Suite <b>900</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33607</b>	
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					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST BONATI, ALFRED O. 7315 HUDSON AVENUE HUDSON, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BONATI, ALFRED O. 7315 HUDSON AVENUE HUDSON, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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:  <b>Alfred P. Bonati</b> Date <b>4-15-08</b> Daytime Phone # <b>727-868-9563</b>					