


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 08:00 AM
Secretary of State

DOCUMENT # L90532	
1. Entity Name TAMPA BAY ORTHOPAEDICS, P.A.	

Principal Place of Business 613 S. MAGNOLIA AVE., STE. 1 TAMPA, FL 33606	Mailing Address 613 S. MAGNOLIA AVE., STE. 1 TAMPA, FL 33606
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DO NOT WRITE IN THIS SPACE



01312007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3008988	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MUDANO, MATTHEW S 4144 N ARMENIA AVENUE SUITE 300 TAMPA, FL 33607

**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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRAYTHORNE, C. BARRY 613 S. MAGNOLIA AVE. TAMPA, FL 33606
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03/29/07-80044-025 150.00

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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:  **2/12/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #