

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005310

FILED
Apr 22, 2004
Secretary of State**Entity Name:** FLORIDA ORTHOPAEDIC POLITICAL ACTION COMMITTEE, INC.**Current Principal Place of Business:**1001 SAMY DRIVE
TAMPA, FL 33613 US**New Principal Place of Business:**17503 MALLARD COURT
LUTZ, FL 33559 US**Current Mailing Address:**1001 SAMY DRIVE
TAMPA, FL 33613 US**New Mailing Address:**17503 MALLARD COURT
LUTZ, FL 33559 US**FEI Number:** 59-3744874**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**COBBE, FRASER
1001 SAMY DRIVE
TAMPA, FL 33613 US**Name and Address of New Registered Agent:**COBBE, FRASER
17503 MALLARD COURT
LUTZ, FL 33559 US

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.

SIGNATURE: _____

04/22/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COLE, J. DEAN
Address: 1118 S. ORANGE AVE., #204
City-St-Zip: ORLANDO, FL 32806

Title: T () Delete
Name: COBBE, FRASER
Address: 1001 SAMY DRIVE
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: GREENSPOON, JEFFREY
Address: 205 E. NASA BLVD.
City-St-Zip: MELBOURNE, FL 32901

Title: D () Delete
Name: DEBIASE, MARK
Address: 9951 ATLANTIC BLVD., #303
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: WASYLIK, MICHAEL
Address: 2919 SWANN AVE., #201
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: ROUTMAN, ALAN
Address: 5601 N. DIXIE HWY., STE. 210
City-St-Zip: FT. LAUDERDALE, FL 33334

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: COBBE, FRASER
Address: 17503 MALLARD COURT
City-St-Zip: LUTZ, FL 33559

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRASER COBBE

T

04/22/2004

Electronic Signature of Signing Officer or Director

Date