

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 31, 2007  
Secretary of State**

DOCUMENT# N01000005310

Entity Name: FLORIDA ORTHOPAEDIC POLITICAL ACTION COMMITTEE, INC.

**Current Principal Place of Business:**

17503 MALLARD COURT  
LUTZ, FL 33559 US

**New Principal Place of Business:**

**Current Mailing Address:**

17503 MALLARD COURT  
LUTZ, FL 33559 US

**New Mailing Address:**

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  
17503 MALLARD COURT  
LUTZ, FL 33559 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: COLE, J. DEAN  
Address: 2501 N. ORANGE AVENUE, STE 340  
City-St-Zip: ORLANDO, FL 32804

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

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

Title: C ( ) 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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: C ( ) Change (X) Addition  
Name: BOROM, ANDREW  
Address: 3334 CAPITAL MEDICAL BLVD, STE 200  
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

01/31/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date