

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N25820**

1. Entity Name  
ARTHROSCOPY BOARD OF NORTH AMERICA, INC.



Principal Place of Business  
7315 HUDSON AVENUE  
HUDSON, FL 34667-1158

Mailing Address  
7315 HUDSON AVENUE  
HUDSON, FL 34667-1158



03162004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2964514

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ZSCHAU, JULIUS J ESQ.  
2701 N. ROCKY POINT DRIVE  
STE 930  
CLEARWATER, FL 34616

**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

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	BONATI, ALFRED O.
STREET ADDRESS	7315 HUDSON AVENUE
CITY-ST-ZIP	HUDSON, FL 346671258
TITLE	DVP
NAME	PERRY, MICHAEL
STREET ADDRESS	8705 CRANES ROOST DR.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654
TITLE	DAT
NAME	O'RYAN, CECILIA
STREET ADDRESS	5050 WESTSHORE DR. SO.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

03162004-03752  
03/03/04-90076-020 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 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 #

*Alfred Bonati, President* 4-2804 727-86863