


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90124 031 ***550.00

DOCUMENT # P00000080737	
1. Entity Name ORTHOPEDIC SPECIALTY CARE CENTER, P.A.	

Principal Place of Business 3501 HEALTH CENTER BOULEVARD BONITA SPRINGS FL 34135	Mailing Address 3501 HEALTH CENTER BOULEVARD BONITA SPRINGS FL 34135
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2. Principal Place of Business 3501 Health Center Blvd. Suite, Apt. #, etc. Suite 2140 City & State Bonita Springs, Florida Zip 34135 Country U.S.A.	3. Mailing Address 3501 Health Center Blvd. Suite, Apt. #, etc. Suite 2140 City & State Bonita Springs, Florida Zip 34135 Country U.S.A.
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MOORE CR2E034 (4/04)

6. Name and Address of Current Registered Agent OWENS, WILLIAM L C/O BOND, SCHOENECK & KING, P.A. 4001 TAMIAMI TRAIL NORTH - #404 NAPLES FL 34103	7. Name and Address of New Registered Agent Name Aldo R. Beretta, M.D. Street Address (P.O. Box Number is Not Acceptable) 3501 Health Center Blvd., Suite 2140 City Bonita Springs FL Zip Code 34135
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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. Aldo R. Beretta, M.D., as Registered Agent 9/1/04 DATE
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FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERETTA, ALDO R M.D. 3501 HEALTH CENTER BOULEVARD BONITA SPRINGS FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: 	Aldo R. Beretta, M.D. Director 9/1/04 (239) 390-2174 Date Daytime Phone #
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