## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address

SIGNATURE: \_\_

## Sep 08, 2004 8:00 am Secretary of State DOCUMENT # P00000080737 1. Entity Name 09-08-2004 90124 031 \*\*\*550.00 ORTHOPEDIC SPECIALTY CARE CENTER, P.A. Principal Place of Business Mailing Address 3501 HEALTH CENTER BOULEVARD BONITA SPRINGS FL 34135 3501 HEALTH CENTER BOULEVARD いるしいひょんり **BONITA SPRINGS FL 34135** 2. Principal Place of Business 3. Mailing Address 3501 Health Center Blvd. 3501 Health Center Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (4/04) MOORE Suite 2140 Suite 2140 Applied For City & State City & State 4. FEI Number 59-3667470 Boni<u>ta Springs</u>, Not Applicable Bonita Springs, Florida Florida Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 34135 U.S.A. 34135 U.S.A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Aldo R. Beretta, M.D. OWENS, WILLIAM L C/O BOND, SCHOENECK & KING, P.A. Street Address (P.O. Box Number is Not Acceptable) 3501 Health Center Blvd., Suite 2140 4001 TAMIAMI TRAIL NORTH - #404 NAPLES FL 34103 Zip Code 34135 <u>Bonita Springs</u> 8. The above named entity sub flits thi 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 registig Aldo R. Beretta, M.D., as Registered Agent 9/1/04 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or print ered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 tate fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition BERETTA, ALDO R M.D. NAME NAME STREET ADDRESS 3501 HEALTH CENTER BOULEVARD STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS FL 34135** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Defete ☐ Change ☐ Addition NAME STREET ADDRESS. STREET ADDRESS. CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP ☐ Defete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing gloes 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 of 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 employee to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

other like empowered.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aldo R. Beretta, M.D.

Director

9/1/04 (239) 390-2174
Date Daytime Phone #

FILED