

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000080737 1. Entity Name ORTHOPEDIC SPECIALTY CARE CENTER, P.A.	
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Principal Place of Business 3501 HEALTH CENTER BOULEVARD STE 2140 BONITA SPRINGS, FL 34135	Mailing Address 3501 HEALTH CENTER BOULEVARD STE 2140 BONITA SPRINGS, FL 34135
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DO NOT WRITE IN THIS SPACE



01182008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3667470	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BERETTA, ALDO R MD 3501 HEALTH CENTER BLVD STE 2140 BONITA SPRINGS, FL 34135
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

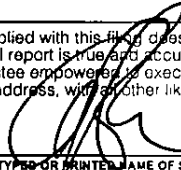
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERETTA, ALDO R M.D. 3501 HEALTH CENTER BOULEVARD BONITA SPRINGS, FL 34135
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01/28/08-80019-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.

SIGNATURE:  1/17/08 239 390 2174

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #