

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2004 8:00 am
Secretary of State

05-21-2004 90003 003 ***150.00

DOCUMENT # P01000026816

1. Entity Name
TRI-COUNTY ORTHOPAEDIC CENTER, P.A.



Principal Place of Business
**MEDICAL PLAZA/SUITE 801
601 E DIXIE AVE
LEESBURG, FL 34748**

Mailing Address
**215 NORTH EOLA DRIVE
LAKELAND, FL 33801**

54055098



2. Principal Place of Business

701 Medical Plaza Dr.
Suite, Apt. #, etc.

3. Mailing Address

215 North Eola Dr.
Suite, Apt. #, etc.

03052003 Chg-P CR2E034 (10/03)

City & State

Leesburg FL
Zip **34748** Country **Lake**

City & State

Orlando FL
Zip **32801** Country

4. FEI Number

59-3704475

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HEEKIN, JAMES F. JR, ESQ.
215 N EOLA DRIVE
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **KERINA, JEFFREY MD**
STREET ADDRESS **601 E DIXIE AVE, MEDICAL PLAZA/SUITE 801**
CITY-ST-ZIP **LEESBURG, FL 34748**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

Jeffrey Kerina, M.D., President

5-11-04
Date

352-326-8115
Daytime Phone #