



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90115 006 ***150.00

DOCUMENT # P01000059233 1. Entity Name PREMIER ORTHOPEDIC MANAGEMENT, INC.					
Principal Place of Business 1011 N. MACDILL AVE. TAMPA, FL 33607			Mailing Address 1011 N. MACDILL AVE. SUITE 103 TAMPA, FL 33607		
2. Principal Place of Business 5609 US HWY 19 N SUITE C		3. Mailing Address 1200 S. Pinellas Ave # 14			
City & State NEWPORT RICHEY FL		City & State Tarpon Springs, Florida		4. FEI Number 59-3744598	
Zip 34652		Country PASCO		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLARUSSO, MARY A 5291 57TH AVE. NORTH ST. PETERSBURG, FL 33709		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 _____ (NOTE: Registered Agent signature required when "constituting") DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, GARY 2025 N. POINT ALEXIS DRIVE TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gary Smith 1200 S. Pinellas Ave # 14 Tarpon Springs, FL 34689 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/17/05 <small>Date</small>		
7279392674 <small>Director Phone #</small>					