

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90160 031 ***150.00

DOCUMENT # P01000059233

1. Entity Name
PREMIER ORTHOPEDIC MANAGEMENT, INC.



Principal Place of Business
**5609 US HWY 19 N
SUITE C
NEWPORT RICHEY, FL 34152**

Mailing Address
**1200 S. PINELLAS AVE
SUITE 14
TARPON SPRINGS, FL 34689**

40000734



2. Principal Place of Business
11345 Norvell Road
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04102006 Chg-P CR2E034 (11/05)

City & State
Springhill, Florida
Zip
34608
Country
USA

City & State
Zip
Country

4. FEI Number
59-3744598

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PD
SMITH, GARY
1200 S. PINELLAS AVE. # 14
TARPON SPRINGS, FL 34689**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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CITY- ST- ZIP

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☐ Addition

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06
Date

7279392674
Daytime Phone #