

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90027 003 \*\*\*150.00

**DOCUMENT # P01000078983**

1. Entity Name  
ERHM ORTHOPEDICS, INC.



Principal Place of Business  
9216 PALM RIVER RD STE 205  
TAMPA, FL 33619

Mailing Address  
9216 PALM RIVER RD STE 205  
TAMPA, FL 33619

**94059570**



02162004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3759765

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MILLS, FREDERICK J  
1200 W PLATT ST STE 100  
TAMPA, FL 33606

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DPV
NAME	ETHERIDGE, GEORGE W JR
STREET ADDRESS	9216 PALM RIVER RD STE 205
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	DST
NAME	ETHERIDGE, LISA O
STREET ADDRESS	9216 PALM RIVER RD STE 205
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	VP SALES
NAME	CHARLES MIRABELLA
STREET ADDRESS	9216 PALM RIVER RD STE 205
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	VP SALES
NAME	FRANK ROBINSON
STREET ADDRESS	9216 PALM RIVER RD STE 205
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	VP SALES
NAME	JOHN HAWKINS
STREET ADDRESS	9216 PALM RIVER RD STE 205
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #