

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90031 038 ***150.00

DOCUMENT # P02000026858

1. Entity Name
JOINT VENTURE ORTHOPEDICS, INC.



Principal Place of Business
**1822 OLD OKEECHOBEE ROAD
SUITE B
WEST PALM BEACH, FL 33409**

Mailing Address
**1822 OLD OKEECHOBEE ROAD
SUITE B
WEST PALM BEACH, FL 33409**

50007113



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01192005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
04-3616824

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

Name **Bonny S. DYER**

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

1822 OLD OKEECHOBEE RD, STE B

City **WEST PALM BEACH**

FL

Zip Code **33409**

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

1-19-05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
**PTD
BURDETT, CHRISTOPHER C
1822 OLD OKEECHOBEE ROAD
WEST PALM BEACH, FL 33409** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVD
DYER, BONNY SUE
1822 OLD OKEECHOBEE ROAD
WEST PALM BEACH, FL 33409** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P/V/S/T
Bonny Sue DYER
1822 OLD OKEECHOBEE RD, STE B
WEST PALM BEACH, FL 33409** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-05 5614785688