


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000030035	
1. Entity Name COAST ORTHOPEDIC CENTER, P.A.	

Principal Place of Business 845 CENTURY MEDICAL DR. #D TITUSVILLE, FL 32796	Mailing Address 845 CENTURY MEDICAL DR. #D TITUSVILLE, FL 32796
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**DO NOT WRITE IN THIS SPACE**



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 02-0565515	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  GLENN, JAMES D M.D. 845 CENTURY MEDICAL DR. #D TITUSVILLE, FL 32796	<b>DO NOT WRITE IN THIS SPACE</b>
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.	

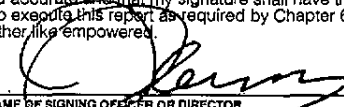
SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	100000185259 01/24/05-80048-013 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD GLENN, JAMES D M.D. 845 CENTURY MEDICAL DR. #D TITUSVILLE, FL 32796
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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:**  **1/19/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #