


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2006 90160 030 ***150.00

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|--|--|--|--|---|--|
| DOCUMENT # P03000004346 1. Entity Name PREMIER ORTHOPEDIC & INJURY CENTER, INC. | | | |  | |
| Principal Place of Business 5609 U.S. HWY 19 N. SUITE C NEW PORT RICHEY, FL 34652 | | | Mailing Address 1200 S. PINELLAS AVE. #14 TARPON SPRINGS, FL 34689 | | |
| 2. Principal Place of Business 11345 Norvell Road Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State Springhill, Florida Zip 34608 Country USA | | | City & State Zip Country | | |
| 4. FEI Number 02-0663138 | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent SMITH, GARY 1200 S. PINELLAS AVE. #14 TARPON SPRINGS, FL 34689 | | | 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 reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 1200 S. PINELLAS AVE. #14 TARPON SPRINGS, FL 34689 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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:  | | | 4/27/06 7279392674 Date Daytime Phone # | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |