


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90053 039 ***150.00

DOCUMENT # P03000082548	
1. Entity Name ORTHOPAEDIC ASSOCIATES USA, INC.	

Principal Place of Business 601 N FLAMINGO RD SUITE 313 PEMBROKE PINES, FL 33028	Mailing Address 601 N FLAMINGO RD SUITE 313 PEMBROKE PINES, FL 33028
---	---

44013212



2. Principal Place of Business 350 No Pine Island	3. Mailing Address 350 No Pine Island
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02072004 Chg-P CR2E034 (10/03)

City & State Plantation, Florida	City & State Plantation, Florida
Zip 33324	Country
Zip 33324	Country

4. FEI Number 20-0127825	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent BAYLIS, ROBERT 601 N FLAMINGO RD SUITE 313 PEMBROKE PINES, FL 33028		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 350 No Pine Island City Plantation FL Zip Code 33324	
---	--	---	--

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 reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 BAYLIS, ROBERT 601 N FLAMINGO RD SUITE 313 PEMBROKE PINES, FL 33028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 350 No Pine Island Plantation, Florida 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEIMAN, RICHARD 601 N FLAMINGO RD SUITE 313 PEMBROKE PINES, FL 33028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 350 No Pine Island Plantation, Florida 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, CHRISTOPHER 601 N FLAMINGO RD SUITE 313 PEMBROKE PINES, FL 33028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 350 No Pine Island Plantation, Florida 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEIMAN, GARY 601 N FLAMINGO RD SUITE 313 PEMBROKE PINES, FL 33028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 350 No Pine Island Plantation, Florida 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 #