
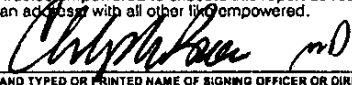


FILED
Jan 31, 2006 8:00 am
Secretary of State

01-31-2006 90014 025 ***158.75

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000082548					
1. Entity Name ORTHOPAEDIC ASSOCIATES USA, P.A.					
Principal Place of Business 350 N. PINE ISLAND FORT LAUDERDALE, FL 33324			Mailing Address 350 N. PINE ISLAND FORT LAUDERDALE, FL 33324		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 20-0127825				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			7. Name and Address of New Registered Agent		
AMERICAN INFORMATION SERVICES, INC. ONE S.E. THIRD AVENUE 28TH FLOOR MIAMI, FL 33131			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	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAYLIS, ROBERT		NAME	BAYLIS, ROBERT	
STREET ADDRESS	350 N. PINE ISLAND		STREET ADDRESS	736 Intracoastal Drive	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324		CITY-ST-ZIP	Ft. Lauderdale, FL 33304	
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, CHRISTOPHER		NAME		
STREET ADDRESS	350 N. PINE ISLAND		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELMAN, GARY		NAME		
STREET ADDRESS	350 N. PINE ISLAND		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			1/26/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		