

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91241 005 ***150.00

DOCUMENT # P03000125694

1. Entity Name
GULF COAST ORTHOPEDICS, INC.



Principal Place of Business
313 1ST ST.
ST. AUGUSTINE, FL 32084

Mailing Address
313 1ST ST.
ST. AUGUSTINE, FL 32084

2. Principal Place of Business
5010 LANDSTAR WAY
Suite, Apt. #, etc.

3. Mailing Address
5010 LANDSTAR WAY
Suite, Apt. #, etc.



03092004 Chg-P CR2E034 (10/03)

City & State
TAMPA FL

City & State
TAMPA FL

4. FEI Number
61-1459580

Applied For
Not Applicable

Zip
33647

Country

Zip
33647

Country

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

6. Name and Address of Current Registered Agent

VOGLER, MATTHEW J
313 1ST ST.
ST. AUGUSTINE, FL 32084

7. Name and Address of New Registered Agent

Name
VOGLER, MATTHEW J.
Street Address (P.O. Box Number is Not Acceptable)
5010 LANDSTAR WAY
City
TAMPA FL Zip Code
33647

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 *Matthew Vogler*

DATE **4/28/04**

(Signature typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete
NAME **VOGLER, MATTHEW J**
STREET ADDRESS **313 1ST ST.**
CITY-ST-ZIP **ST. AUGUSTINE, FL 32084**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Change ☐ Addition
NAME **VOGLER, MATTHEW J**
STREET ADDRESS **5010 LANDSTAR WAY**
CITY-ST-ZIP **TAMPA FL 33647**

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

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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: *Matthew Vogler*

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

DATE **4/28/04**

DAYTIME PHONE # **813-299-2614**