

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90030 047 \*\*\*150.00

**DOCUMENT # P03000135904**

1. Entity Name  
PASCO ORTHOPEDIC CLINIC, P.A.



Principal Place of Business  
37834 MEDICAL ARTS COURT  
ZEPHYRHILLS, FL 33541

Mailing Address  
37834 MEDICAL ARTS COURT  
ZEPHYRHILLS, FL 33541

**DO NOT WRITE IN THIS SPACE**

01302006 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-0409777

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

FRESE, GARY B  
930 S. HARBOR CITY BOULEVARD  
SUITE 505  
MELBOURNE, FL 32901

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IN THIS SPACE**

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GLENN, JEFFREY C D.O.  
37834 MEDICAL ARTS COURT  
ZEPHYRHILLS, FL 33541

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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 JEFFREY C GLENN, D.O., President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/06 (813)782-8785  
Date Daytime Phone #