

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000043278

**FILED**  
**Apr 06, 2009**  
**Secretary of State**

**Entity Name:** PANHANDLE ORTHOPAEDICS, PA

**Current Principal Place of Business:**

3030 4TH STREET  
MARIANNA, FL 32446

**New Principal Place of Business:**

710 HOSPITAL DRIVE  
CRESTVIEW, FL 32539

**Current Mailing Address:**

3030 4TH STREET  
MARIANNA, FL 32446

**New Mailing Address:**

710 HOSPITAL DRIVE  
CRESTVIEW, FL 32539

**FEI Number:** 20-0925400

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GILMORE, MICHAEL  
3030 4TH STREET  
MARIANNA, FL 32446 US

**Name and Address of New Registered Agent:**

GILMORE, MICHAEL D MD  
710 HOSPITAL DRIVE  
CRESTVIEW, FL 32539 US

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.

**SIGNATURE:** MICHAEL GILMORE, MD

04/06/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DR. ( ) Delete  
**Name:** GILMORE, MICHAEL D MD  
**Address:** 3030 4TH STREET  
**City-St-Zip:** MARIANNA, FL 32446

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** DR. (X) Change ( ) Addition  
**Name:** GILMORE, MICHAEL D MD  
**Address:** 710 HOSPITAL DRIVE  
**City-St-Zip:** CRESTVIEW, FL 32539

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** MICHAEL GILMORE, MD

MD

04/06/2009

Electronic Signature of Signing Officer or Director

Date