


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 25, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90284 019 \*\*\*150.00

**DOCUMENT # P04000132143**  
 1. Entity Name  
**ORTHOPEDIC CENTER OF FLORIDA, PA**



Principal Place of Business  
**8350 RIVERWALK PARK BLVD.  
 SUITE 3  
 FORT MYERS, FL 33919**

Mailing Address  
**8350 RIVERWALK PARK BLVD.  
 SUITE 3  
 FORT MYERS, FL 33919**

**66018919**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

04222005 Chg-P CR2E034 (10/03)

8. Name and Address of Current Registered Agent  
**MEHALIK, JOHN N MD  
 8350 RIVERWALK PARK BLVD.  
 SUITE 3  
 FORT MYERS, FL 33919**

4. FEI Number  
**59-2750728**

Applied For Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

6. 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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-nominating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS                         |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D</b><br><b>MEHALIK, JOHN N MD</b><br><b>8350 RIVERWALK PARK BLVD. #3</b><br><b>FORT MYERS, FL 33919</b> | <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D</b><br><b>FARMER, MARK E MD</b><br><b>8350 RIVERWALK PARK BLVD. #3</b><br><b>FORT MYERS, FL 33919</b>  | <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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 807, 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: *J.R. Hendrick, Sr.* *J.R. Hendrick, Sr.* **4/22/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #