

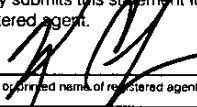
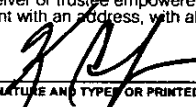


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90127 018 ***158.75

DOCUMENT # P04000153653 1. Entity Name ORANGE PARK ORTHOPAEDIC ASSOCIATES, P.A.					
Principal Place of Business 1555 KINGSLEY AVE., STE. 201 ORANGE PARK, FL 32073			Mailing Address 1517 SHELTER COVE DR. ORANGE PARK, FL 32003		
2. Principal Place of Business 421 Kingsley Ave Suite, Apt. #, etc. Ste 401		3. Mailing Address 421 Kingsley Ave Suite, Apt. #, etc. Ste 401			
City & State Orange Park, FL		City & State Orange Park, FL		4. FEI Number 56-2487954	
Zip 32073		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STROHMEYER, KEVIN C 1555 KINGSLEY AVE., STE. 201 ORANGE PARK, FL 32073				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 421 KINGSLEY Ave, Ste 401 City Orange Park FL Zip Code 32073	
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  KEVIN C. STROHMEYER, MD <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	DR STROHMEYER, KEVIN C 1555 KINGSLEY AVE., STE. 201 ORANGE PARK, FL 32073	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR STROHMEYER, KEVIN C 421 KINGSLEY Ave, Ste 401 Orange Park, FL 32073	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  KEVIN C. STROHMEYER, MD 1/31/06 904-264-9388 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					