

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000139311

**FILED**  
**Mar 27, 2006**  
**Secretary of State**

**Entity Name:** BEACH ORTHOPAEDIC & SPORTS MEDICINE CLINIC, P.A.

**Current Principal Place of Business:**

C/O 909 MAR WALT DRIVE  
SUITE 1014  
FORT WALTON BEACH, FL 32547 US

**New Principal Place of Business:**

1032 MAR WALT DRIVE  
SUITE 210  
FORT WALTON BEACH, FL 32547 US

**Current Mailing Address:**

137 STEEPLECHASE TRAIL  
BELTON, SC 29627 US

**New Mailing Address:**

1032 MAR WALT DRIVE  
SUITE 210  
FORT WALTON BEACH, FL 32547 US

**FEI Number:** 20-3662961

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCINNIS, C J ESQUIRE  
909 MAR WALT DRIVE  
SUITE 1014  
FORT WALTON BEACH, FL 32547 US

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

MCGINNIS, C JEFFREY  
909 MAR WALT DRIVE  
FORT WALTON BEACH, FL 32547 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: C. JEFFREY MCGINNIS

03/27/2006

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CAPRA, SAMUEL W M.D.  
Address: 137 STEEPLECHASE TRAIL  
City-St-Zip: BELTON, SC 29627 US

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

Title: P (X) Change ( ) Addition  
Name: CAPRA, SAMUEL W M.D.  
Address: 1032 MAR WALT DRIVE, SUITE 210  
City-St-Zip: FORT WALTON BEACH, FL 32547 US

I hereby certify that the information supplied with this filing does not qualify for the 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: SAMUEL W. CAPRA

P

03/27/2006

Electronic Signature of Signing Officer or Director

Date