## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000145209

Entity Name: INDEPENDENT ORTHOPAEDICS, P.A.

**FILED** Feb 06, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

701 S. HOWARD AVE. 4212 WEST SEVILLA STREET TAMPA, FL 33629

SUITE 106-226 TAMPA, FL 33606

**Current Mailing Address: New Mailing Address:** 

701 S. HOWARD AVE. SUITE 106-226 TAMPA, FL 33606

FEI Number: 20-5918618 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

PORRELLO, JOSEPH A ESQ. 2929 SW 3RD AVE. SUITE 320 MIAMI, FL 33129 US

PORRELLO, JOSEPH A ESQ. 2200 SOUTĤ DIXIE HIGHWAY MIAMI, FL 33133 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: 02/06/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete Title: DPST (X) Change ( ) Addition

WEISS, MICHAEL D.O. WEISS, MICHAEL D.O. Name: Name: 701 S. HOWARD AVE. SUITE 106-226 Address: 4214 WEST SEVILLA Address: City-St-Zip: TAMPA, FL 33606 City-St-Zip: TAMPA, FL 33629

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 WEISS 02/06/2008 D