

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000058977

FILED  
Feb 14, 2008  
Secretary of State

Entity Name: ZEHR CENTER FOR ORTHOPAEDICS, P.A.

## Current Principal Place of Business:

2659 PROFESSIONAL CIRCLE  
SUITE 115  
NAPLES, FL 34119 US

## New Principal Place of Business:

## Current Mailing Address:

2659 PROFESSIONAL CIRCLE  
SUITE 115  
NAPLES, FL 34119 US

## New Mailing Address:

FEI Number: 26-0336249

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GRABINSKI, MATTHEW L  
C/O GOODLETTE, COLEMAN & JOHNSON, P.A.  
4001 TAMiami TRAIL NORTH, SUITE 300  
NAPLES, FL 341033556 US

## Name and Address of New Registered Agent:

ZEHR, ROBERT J  
2659 PROFESSIONAL CIRCLE  
115  
NAPLES, FL 34119 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: ROBERT J. ZEHR

02/14/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MGR ( ) Change (X) Addition  
Name: ZEHR, ROBERT J  
Address: 2659 PROFESSIONAL CIRCLE, #115  
City-St-Zip: NAPLES, FL 34119 US

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: ROBERT J. ZEHR

MGR

02/14/2008

Electronic Signature of Signing Officer or Director

Date