


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90060 016 ***150.00

DOCUMENT # P93000055526 1. Entity Name SCOLIOSIS AND PEDIATRIC ORTHOPAEDIC CENTER, P.A.	
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Principal Place of Business 4101 S. HOSPITAL DRIVE #5 PLANTATION, FL 33317 US	Mailing Address 4101 S. HOSPITAL DRIVE #5 PLANTATION, FL 33317 US
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DO NOT WRITE IN THIS SPACE

01152005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0430373	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROMANO, PETER J. II, M.D. 4101 S. HOSPITAL DRIVE #5 PLANTATION, FL 33317	DO NOT WRITE IN THIS SPACE
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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.

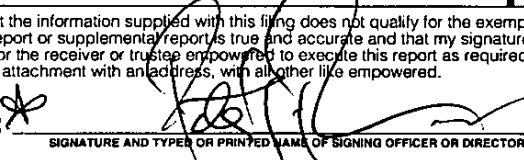
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROMANO, PETER J II 4101 S. HOSPITAL DRIVE, #5 PLANTATION, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 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:  **954-321-7762**

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