

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90005 009 \*\*\*150.00

**DOCUMENT # P93000067362**

1. Entity Name  
**ORTHOPEDIC AND SPORTS PHYSICAL THERAPY  
CENTER, P.A.**



Principal Place of Business 4400 HIGHWAY 20 EAST S507 NICEVILLE, FL 32578 US	Mailing Address 4400 HIGHWAY 20 EAST S507 NICEVILLE, FL 32578 US
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**54025942**



2. Principal Place of Business <b>1950 Bluewater Blvd</b> Suite, Apt. #, etc. <b>101</b> City & State <b>NICEVILLE, FL</b> Zip <b>32578</b> Country <b>USA</b>	3. Mailing Address <b>1950 Bluewater Blvd.</b> Suite, Apt. #, etc. <b>Ste 101</b> City & State <b>NICEVILLE, FL</b> Zip <b>32578</b> Country <b>USA</b>
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01222004 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3197536</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>SETON, ROBERT J.</b> <b>4400 HIGHWAY 20 E</b> <b>STE. 507</b> <b>NICEVILLE, FL 32578</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1950 Bluewater Blvd, Ste 101</b> City <b>FL</b> Zip Code
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SETON, ROBERT J 4400 HIGHWAY 20E STE 507 NICEVILLE, FL 32578 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/VP/T/D 1950 Bluewater Blvd, Ste 101 NICEVILLE, FL 32578 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COPLIN, STACY M 4400 HIGHWAY 20E 507 NICEVILLE, FL 32578 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S 1950 Bluewater Blvd, Ste 101 NICEVILLE, FL 32578 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Robert Seton* **ROBERT SETON** **3/30/2004** **(850) 897-3334**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #