

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000041468

FILED
Jan 23, 2006
Secretary of State

Entity Name: NEW SMYRNA ORTHOPEDICS, P.A.

Current Principal Place of Business:

812 INDIAN RIVER BLVD.
EDGEWATER, FL 32141

New Principal Place of Business:

812 INDIAN RIVER BLVD.
EDGEWATER, FL 32141 US

Current Mailing Address:

812 INDIAN RIVER BLVD.
EDGEWATER, FL 32141

New Mailing Address:

812 INDIAN RIVER BLVD.
EDGEWATER, FL 32141 US

FEI Number: 59-3242811

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOLLMER, CHARLES E MD
812 INDIAN RIVER BLVD.
EDGEWATER, FL 32141 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: KOLLMER, CHARLES E
Address: 812 INDIAN RIVER BLVD.
City-St-Zip: EDGEWATER, FL 32141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: KOLLMER, CHARLES E
Address: 812 INDIAN RIVER BLVD.
City-St-Zip: EDGEWATER, FL 32141 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: CHARLES E. KOLLMER, M.D.

PRES

01/23/2006

Electronic Signature of Signing Officer or Director

_____ Date