

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 02, 2004 8:00 am
Secretary of State

05-05-2004 90230 033 ***150.00

00120000



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0556024	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

DOCUMENT # P95000005928

1. Entity Name
EVERGLADES ORTHOPAEDIC AND HAND CENTER, P.A.



Principal Place of Business
3750 EMERGENCY LANE
SUITE 1
SEBRING, FL 33870

Mailing Address
PO BOX 72
SEBRING, FL 33871 US

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

THOMAS-RICHARDS, JOSE R DR.
3750 EMERGENCY LANE
SUITE 1
SEBRING, FL 33870

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	THOMAS-RICHARDS, JOSE R
STREET ADDRESS	3750 EMERGENCY LANE -SUITE 1
CITY- ST- ZIP	SEBRING, FL 33870

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**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 all address, with all other changes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone