

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

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

FILED
Apr 22, 2005 08:00 AM
Secretary of State



04132005 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0556024

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/22/05-80068-016 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #