

2006 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
Mar 02, 2006 08:00 AM
Secretary of State



02212006 No Chg-P CR2E034 (11/05)

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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

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS-RICHARDS, JOSE R 3750 EMERGENCY LANE - SUITE 1 SEBRING, FL 33870
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03/14/06-80052-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 or without like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-21-06

Date

863-471-1511

Daytime Phone #