

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000097134

FILED
Apr 14, 2009
Secretary of State

Entity Name: CITRUS BONE & JOINT SPECIALISTS, P.A.

Current Principal Place of Business:

3264 W. AUDUBON PARK
PATH
LECANTO, FL 344618547

New Principal Place of Business:

3264 W. AUDUBON PARK PATH
LECANTO, FL 344618547

Current Mailing Address:

3264 W. AUDUBON PARK
PATH
LECANTO, FL 344618547

New Mailing Address:

3264 W. AUDUBON PARK PATH
LECANTO, FL 344618547

FEI Number: 59-3351572

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COUCH, RICHARD CRANE
3264 W AUDUBON PK PATH
LECANTO, FL 344618547 US

Name and Address of New Registered Agent:

COUCH, RICHARD CRANE
3264 W AUDUBON PARK PATH
LECANTO, FL 344618547 US

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:

04/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: COUCH, RICHARD CRANE D.O.
Address: 3264 W AUDUBON PK PATH
City-St-Zip: LECANTO, FL 344618547

Title: ST () Delete
Name: COUCH, KATHLEEN C D.O.
Address: 3264 W AUDUBON PK PATH
City-St-Zip: LECANTO, FL 344618547

Title: AT () Delete
Name: COUCH, CATHARINE C
Address: 3264 W AUDUBON PK PATH
City-St-Zip: LECANTO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: COUCH, RICHARD CRANE D.O.
Address: 3264 W AUDUBON PARK PATH
City-St-Zip: LECANTO, FL 344618547

Title: ST (X) Change () Addition
Name: COUCH, KATHLEEN C D.O.
Address: 3264 W AUDUBON PARK PATH
City-St-Zip: LECANTO, FL 344618547

Title: AT (X) Change () Addition
Name: COUCH, CATHARINE C
Address: 3264 W AUDUBON PK PATH
City-St-Zip: LECANTO, FL

I hereby certify that the information supplied with this filing does not qualify 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: KATHLEEN C COUCH, D.O.

S/T

04/14/2009

Electronic Signature of Signing Officer or Director

Date