

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90049 001 \*\*\*300.00

**DOCUMENT # P96000001777**

1. Entity Name  
LIGHTHOUSE ORTHOPAEDIC ASSOCIATES, P.A.



Principal Place of Business  
9970 CENTRAL PARK BLVD. SOUTH  
#400  
BOCA RATON, FL 33428

Mailing Address  
1821 NE 25TH ST  
LIGHTHOUSE POINT, FL 33064 US



01052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0638788

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MEDALIE, DONALD B  
1401 EAST BROWARD BOULEVARD, SUITE 206  
FORT LAUDERDALE, FL 33301-2116

**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 reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, BRUCE P 9970 CENTRAL PARK BLVD., #400 BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEINHENZ, DOMINIC J MD 9970 CENTRAL PARK BLVD., #400 BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOBERVILLE, THOMAS J MD 9970 CENTRAL PARK BLVD., #400 BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKAY, WILLIAM R MD 9970 CENTRAL PARK BLVD., #400 BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

ENTERED JAN 22 2004

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 an address with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #