


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000064306	
1. Entity Name CELEBRATION ORTHOPEDIC INSTITUTE, P.A.	

FILED
07 MAY 11 AM 11:37

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Principal Place of Business 400 CELEBRATION PLACE CELEBRATION, FL 34747	Mailing Address 400 CELEBRATION PLACE A230 CELEBRATION, FL 34747
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2. Principal Place of Business - No P.O. Box # 410 Celebration Place	3. Mailing Address 410 Celebration Place
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Suite, Apt. #, etc. 106	Suite, Apt. #, etc. 106
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City & State Celebration, FL	City & State Celebration, FL
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Zip 34747	Country U.S.	Zip 34747	Country U.S.
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04272007 05-02-07 90012 007 \$150.00
Chg-P CR2E034 (12/06)

4. FEI Number 59-3523730	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEEKIN, JAMES F JR, ESQ 215 N EOLA DRIVE ORLANDO, FL 32801	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS DORE, DAVID D MD 400 CELEBRATION PLACE A230 CELEBRATION, FL 34747 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 depicted in 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: _____ DATE: 4/22/07 407-303-4270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR