

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90032 031 \*\*\*150.00

**DOCUMENT # P98000064306**

1. Entity Name  
**CELEBRATION ORTHOPEDIC INSTITUTE, P.A.**



Principal Place of Business  
**410 CELEBRATION PLACE  
106  
CELEBRATION, FL 34747**

Mailing Address  
**410 CELEBRATION PLACE  
106  
CELEBRATION, FL 34747**

2. Principal Place of Business - No P.O. Box #  
**410 Celebration Place**

3. Mailing Address  
**410 Celebration Place**

Suite, Apt. #, etc.

**Ste 106**

Suite, Apt. #, etc.

**Ste 106**

City & State

**Celebration, FL**

City & State

**Celebration, FL**

Zip

**34747**

Country

Zip

**34747**

Country

03182008

Chg-P

CR2E034 (12/06)

4. FEI Number

**59-3523730**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$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**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

## 7. Name and Address of New Registered Agent

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE **PS** ☐ Delete  
NAME **DORE, DAVID D MD**  
STREET ADDRESS **400 CELEBRATION PLACE A230**  
CITY-ST-ZIP **CELEBRATION, FL 34747**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☒ Change ☐ Addition  
NAME **Dore, David**  
STREET ADDRESS **410 Celebration Place Ste 106**  
CITY-ST-ZIP **Celebration, FL 34747**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

*David D. Dore*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/30/08**  
Date

**407-303-4200**  
Daytime Phone #