


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90258 024 \*\*\*150.00

<b>DOCUMENT # P98000071097</b>	
1. Entity Name <b>GULFCOAST ORTHOPAEDIC CENTER, PA</b>	

Principal Place of Business <b>4937 CLARK RD SARASOTA, FL 34233</b>	Mailing Address <b>PO BOX 2168 SARASOTA, FL 34276</b>
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**20001227**

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>2822 Proctor Rd. Suite A</b>
City & State	City & State <b>Sarasota, FL</b>
Zip <b>34231</b>	Country <b>U.S.</b>



01092006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent <b>ASKINS, ROLAND VANCE III, MD 4937 CLARK RD. SARASOTA, FL 34233</b>	7. Name and Address of New Registered Agent Name <b>John D. Hand, MD</b> Street Address (P.O. Box Number is Not Acceptable) <b>2822 Proctor Rd. Suite A</b> City <b>Sarasota</b> FL Zip Code <b>34231</b>
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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 John D. Hand John D. Hand Secretary 1-11-06  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ASKINS, ROLAND V III MD 4937 CLARK RD SARASOTA, FL 34233 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Brian A. Schofield, MD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2822 Proctor Rd. Suite A Sarasota, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHOFIELD, BRIAN 4937 CLARK RD SARASOTA, FL 34233 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Adam S. Bright, MD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2822 Proctor Rd. Suite A Sarasota, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAND, JOHN D 4937 CLARK RD SARASOTA, FL 34233 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S John D. Hand, MD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2822 Proctor Rd. Suite A Sarasota, FL 34231
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
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
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 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: John D. Hand John D. Hand 1-11-06 941-924-8577  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #