

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000076388

1. Entity Name
ORTHOPAEDIC FELLOWSHIP PROGRAM, INC.



Principal Place of Business
**3399 NW 72 AVE., STE. #101
MIAMI, FL 33122**

Mailing Address
**3399 NW 72 AVE., STE. #101
MIAMI, FL 33122**



04212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0863750

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ZIMMERMAN, PAUL M
3399 NW 72 AVE., STE. #101
MIAMI, FL 33122**

**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	P
NAME	URIBE, JOHN W
STREET ADDRESS	3399 NW 72 AVE #101
CITY - ST - ZIP	MIAMI, FL 33122
TITLE	VP
NAME	ZIMMERMAN, PAUL M
STREET ADDRESS	3399 NW 72 AVE #101
CITY - ST - ZIP	MIAMI, FL 33122
TITLE	T
NAME	ZVIJAC, JOHN E
STREET ADDRESS	3399 NW 72 AVE #101
CITY - ST - ZIP	MIAMI, FL 33122
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/29/04-80090-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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

4/21/2004 **305-599-9933**
Date Daytime Phone #