

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000076388

FILED
Apr 20, 2005
Secretary of State

Entity Name: ORTHOPAEDIC FELLOWSHIP PROGRAM, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

2901 S.W. 149 AVENUE, SUITE 140
MIRAMAR, FL 33027

Current Mailing Address:

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

New Mailing Address:

2901 S.W. 149 AVENUE, SUITE 140
MIRAMAR, FL 33027

FEI Number: 65-0863750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ZIMMERMAN, PAUL M
2901 S.W. 149 AVENUE, SUITE 140
MIRAMAR, FL 33027 US

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.

SIGNATURE: _____

04/20/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: URIBE, JOHN W
Address: 3399 NW 72 AVE #101
City-St-Zip: MIAMI, FL 33122

Title: VP () Delete
Name: ZIMMERMAN, PAUL M
Address: 3399 NW 72 AVE #101
City-St-Zip: MIAMI, FL 33122

Title: T () Delete
Name: ZVIJAC, JOHN E
Address: 3399 NW 72 AVE #101
City-St-Zip: MIAMI, FL 33122

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: URIBE, JOHN W
Address: 2901 S.W. 149 AVENUE, SUITE 140
City-St-Zip: MIRAMAR, FL 33027

Title: VP (X) Change () Addition
Name: ZIMMERMAN, PAUL M
Address: 2901 S.W. 149 AVENUE, SUITE 140
City-St-Zip: MIRAMAR, FL 33027

Title: T (X) Change () Addition
Name: ZVIJAC, JOHN E
Address: 2901 S.W. 149 AVENUE, SUITE 140
City-St-Zip: MIRAMAR, FL 33027

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROCHELLE S. MATZA

CFO

04/20/2005

Electronic Signature of Signing Officer or Director

Date