


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000001374 1. Entity Name FLORIDA CENTER FOR ORTHOPAEDICS, INC.	
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Principal Place of Business 10131 WEST COLONIAL DRIVE SUITE 20 OCOOE, FL 34761	Mailing Address 10131 WEST COLONIAL DRIVE SUITE 20 OCOOE, FL 34761
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**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3550798	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOONEY, STEPHEN R  
 800 N. MAGNOLIA AVENUE, SUITE 1500  
 ORLANDO, FL 32803

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

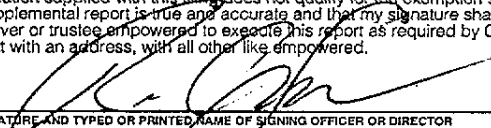
9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SMITH, RICHARD C M.D. 10131 WEST COLONIAL DRIVE STE 20 OCOOE, FL 34761
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SCHELLHAMMER, MARK D DO 10131 W. COLONIAL DR., STE. 20 OCOOE, FL 34761
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 02/09/04-90102-014 150.00

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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:  DATE: 1/12/04 DAYTIME PHONE #: 407-292-2156