


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

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

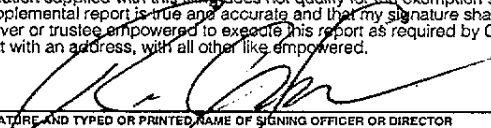
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD 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:  1/12/04 407-292-2156

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR