


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000001374
 1. Entity Name
 FLORIDA CENTER FOR ORTHOPAEDICS, INC.



Principal Place of Business: 10131 WEST COLONIAL DRIVE, SUITE 20, OCOEE, FL 34761
 Mailing Address: 10131 WEST COLONIAL DRIVE, SUITE 20, OCOEE, FL 34761



DO NOT WRITE IN THIS SPACE

01172005 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-3550798 Applied For: Not Applicable
 5. Certificate of Status Desired: \$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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

11000000308530
 04/15/05-80001-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SMITH, RICHARD C M.D.
STREET ADDRESS	10131 WEST COLONIAL DRIVE STE 20
CITY-ST-ZIP	OCOEE, FL 34761
TITLE	ST
NAME	SCHELLHAMMER, MARK D DO
STREET ADDRESS	10131 W. COLONIAL DR., STE. 20
CITY-ST-ZIP	OCOEE, FL 34761
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(f), 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: Richard C. Smith, MD 4/12/05 407-292-2156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #