


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000001374

1. Entity Name
FLORIDA CENTER FOR ORTHOPAEDICS, INC.



Principal Place of Business Mailing Address

10131 WEST COLONIAL DRIVE **10131 WEST COLONIAL DRIVE**
SUITE 20 **SUITE 20**
OCOE, FL 34761 **OCOE, FL 34761**

DO NOT WRITE IN THIS SPACE



01202006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-3550798 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

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 reappointing) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

U00000447345
 03/08/06-80050-004 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, RICHARD C M.D. 10131 WEST COLONIAL DRIVE STE 20 OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCHELLHAMMER, MARK D DO 10131 W. COLONIAL DR., STE. 20 OCOE, FL 34761
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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 exemptions contained in Chapter 119, 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:  **MARK SCHELLHAMMER, DO** 407-292-2156
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 2/20/06 Daytime Phone #