

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # S18708		
1. Entity Name STEPHEN R. WOOD, D.O., P.A.		
Principal Place of Business SUNCOAST ORTHOPEDICS 13211 WALSHINGHAM ROAD LARGO, FL 33744		Mailing Address SUNCOAST ORTHOPEDICS 13211 WALSHINGHAM ROAD LARGO, FL 33744
DO NOT WRITE IN THIS SPACE		
		
03132006 No Chg-P CR2E034 (11/05)		
4. FEI Number 59-3039818		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ZACUR, RICHARD 5200 CENTRAL AV SAINT PETERSBURG, FL 33707		DO NOT WRITE IN THIS SPACE
6. 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 except the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS WOOD, STEPHEN R D.O. 13211 WALSHINGHAM RD LARGO, FL 33774	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS WOOD, STEPHEN, R D O 13211 WALSHINGHAM RD LARGO, FL 33774	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Stephen R Wood</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>3-13-06</u> Daytime Phone # _____