


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S70901</b> 1. Entity Name FLORIDA ORTHOPAEDIC CLINIC, P.A.	
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Principal Place of Business 1479 GENE STREET WINTER PARK, FL 32789 US	Mailing Address 1479 GENE STREET WINTER PARK, FL 32789 US
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03032004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3078276	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  GOMEZ, JUAN L. 1479 GENE STREET WINTER PARK, FL 32789
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000095142 03/24/04-80020-014 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, JUAN L. MD 1479 GENE STREET WINTER PARK, FL
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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:**  **03/22/04 (407) 740-6400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #