

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # S70901 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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DO NOT WRITE IN THIS SPACE



03102008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3078276	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GOMEZ, JUAN L. 1479 GENE STREET WINTER PARK, FL 32789	DO NOT WRITE IN THIS SPACE
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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.

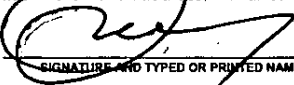
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	U000000880832 04/15/08-80077-015 150.00
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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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  JUAN L. GOMEZ MD	Date 3-20-08 (407) 740 6400
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