


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # F28429			
1. Entity Name MIAMI ORTHOPAEDIC & SPORTS MEDICINE SPECIALISTS, P.A.			
Principal Place of Business 7867 N KENDALL DR SUITE 100 MIAMI FL 33156 US		Mailing Address 7867 N KENDALL DR SUITE 100 MIAMI FL 33156 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 59-2076297		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		7. Name and Address of New Registered Agent	
ZAGORSKI, JOSEPH B., M.D. 7867 N. KENDALL DR. SUITE 100 MIAMI FL 33156		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP ZAGORSKI, JOSEPH B 7867 N. KENDALL DR., SUITE 100 MIAMI FL 33156	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add/Amend
NAME		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	U00000245726 02/28/05-80037-004 150.00
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add/Amend	
TITLE	DVPT SCHENKMAN, JOEL H 7867 N KENDALL DR., #100 MIAMI FL 33156	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add/Amend
NAME		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add/Amend	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add/Amend
NAME		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add/Amend	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add/Amend
NAME		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add/Amend	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add/Amend
NAME		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add/Amend	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Joseph B. Zagorski 2/21/05 305 598 777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #