

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H80326

FILED
Feb 27, 2004
Secretary of State

Entity Name: ALL FLORIDA ORTHOPAEDIC ASSOCIATES, P.A.

Current Principal Place of Business:

4600 4TH ST. N.
ST. PETERSBURG, FL 33703

New Principal Place of Business:

Current Mailing Address:

4600 4TH ST. N.
ST. PETERSBURG, FL 33703

New Mailing Address:

FEI Number: 59-2681990 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KALISH, WILLIAM
100 SOUTH ASHLEY DRIVE
SUITE 1500
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: GNAGE, LAWRENCE M.,
Address: 2092 ILLINOIS AVENUE NE
City-St-Zip: ST. PETERSBURG, FL

Title: PD () Delete
Name: HAMILTON, ROBERT G.,
Address: 2063 ILLINOIS AVENUE NE
City-St-Zip: ST. PETERSBURG, FL

Title: VD () Delete
Name: BOLHOFNER, BRETT,
Address: 1771 TANGLEWOOD DR NE
City-St-Zip: ST PETERSBURG, FL

Title: TD () Delete
Name: BRAMLET, DALE,
Address: 2044 BRIGHTWATERS BLVD NE
City-St-Zip: ST PETERSBURG, FL

Title: D () Delete
Name: CLINTON, DAVIS B
Address: 1353 SNELL HARBOR DR NE
City-St-Zip: ST PETERSBURG, FL

Title: D () Delete
Name: RODRIGUEZ, JORGE A.
Address: 3414 WEST GABLES COURT
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE GNAGE

DR

02/27/2004

Electronic Signature of Signing Officer or Director

_____ Date

WILLIAM LOWRY MD
1055 MARCO DRIVE
ST. PETERSBURG, FL 33702

ANTONIO GAYOSO, MD
445 15TH AVENUE NE
ST. PETERSBURG, FL 33704