

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000108813

FILED
Mar 18, 2004
Secretary of State

Entity Name: ADVANCED ORTHOPAEDICS OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

37 NORTH ORANGE AVENUE, SUITE 500
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

37 NORTH ORANGE AVENUE, SUITE 500
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 59-3699517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAINCARE HOLDINGS, INC.
C/O RANDY LUBINSKY, CEO
37 N. ORANGE AVE.
ORLANDO, FL 328010240 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: D () Delete
Name: LUBINSKY, RANDY
Address: 37 NORTH ORANGE AVENUE, SUITE 500
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: SZPORKA, MARK
Address: 37 NORTH ORANGE AVENUE, SUITE 500
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: REUTER, MERRILL M.D.
Address: 7625 LAKE WORTH RD.
City-St-Zip: LAKE WORTH, FL 33467

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:

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: MERRILL W. REUTER, MD

D

03/18/2004

Electronic Signature of Signing Officer or Director

Date