2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006
Secretary of State

DOCUMENT# P99000051694

Entity Name: SUNCOAST ORTHOPAEDIC SURGERY & SPORTS MEDICINE, P.A.

Current Principal Place of Business:

706 THE RIALTO
VENICE, FL 34285

New Principal Place of Business:

836 SUNSET LAKE BLVD
SUITE A-205
VENICE, FL 34292 US

Current Mailing Address:

706 THE RIALTO
VENICE, FL 34285

New Mailing Address:

836 SUNSET LAKE BLVD
SUITE A-205
VENICE, FL 34292 US

FEI Number: 65-0927444 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOAH, JOSEPH
706 THE RIALTO
VENICE, FL 34285 US

Name and Address of New Registered Agent:

NOAH, JOSEPH MD
836 SUNSET LAKE BLVD
SUITE A-205
VENICE, FL 34292 US

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: JOSEPH NOAH 03/14/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: MD ( ) Delete
Name: NOAH, JOSEPH
Address: 706 THE RIALTO
City-St-Zip: VENICE, FL 34285

Title: MD ( ) Delete
Name: WITKOWSKI, EDMUND G
Address: 706 THE RIOETO
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change ( ) Addition
Name: NOAH, JOSEPH MD
Address: 836 SUNSET LAKE BLVD A-205
City-St-Zip: VENICE, FL 34292 US

Title: MD (X) Change ( ) Addition
Name: WITKOWSKI, EDMUND G MD
Address: 836 SUNSET LAKE BLVD A-205
City-St-Zip: VENICE, FL 34292 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JOSEPH NOAH MD 03/14/2006
Electronic Signature of Signing Officer or Director Date