


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90455 025 \*\*\*150.00

<b>DOCUMENT # V07361</b>	
1. Entity Name SOUTH FLORIDA ORTHOPAEDICS & SPORTS MEDICINE, P.A.	


Principal Place of Business 1050 SE MONTEREY RD STE 400 STUART, FL 34994 US	Mailing Address 1050 SE MONTEREY RD STE 400 STUART, FL 34994 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04282005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0311858	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
COEL, MARK A 621 NW 53RD ST SUITE 420 BOCA RATON, FL 33487-0000	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANSPACH, W.E. III M.D. <input type="checkbox"/> Delete 1050 SE MONTEREY RD STE 400 STUART, FL 34994	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hoffman, James D, M.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1050 SE Monterey Road Ste 400 Stuart, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARLSON, W.E. M.D. <input type="checkbox"/> Delete 1050 SE MONTEREY RD STE 400 STUART, FL 34994	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DESMAN, SCOTT M.D. <input type="checkbox"/> Delete 1050 SE MONTEREY RD STE 400 STUART, FL 34994	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAAS, GEORGE M.D. <input type="checkbox"/> Delete 1050 SE MONTEREY RD STE 400 STUART, FL 34994	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  4/28/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #