

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V07361

FILED
Jan 26, 2006
Secretary of State

Entity Name: SOUTH FLORIDA ORTHOPAEDICS & SPORTS MEDICINE, P.A.

Current Principal Place of Business:

1050 SE MONTEREY RD STE 400
STUART, FL 34994 US

New Principal Place of Business:

1050 SE MONTEREY ROAD
SUITE #400
STUART, FL 34994 US

Current Mailing Address:

1050 SE MONTEREY RD STE 400
STUART, FL 34994 US

New Mailing Address:

1050 SE MONTEREY ROAD
SUITE #400
STUART, FL 34994 US

FEI Number: 65-0311858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COEL, MARK A
ONE LINCOLN PLACE
1900 GLADES ROAD, SUITE 350
BOCA RATON, FL 334310000 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: PD () Delete
Name: ANSPACH, W.E. III M.D.
Address: 1050 SE MONTEREY RD STE 400
City-St-Zip: STUART, FL 34994

Title: VD () Delete
Name: CARLSON, W.E. M.D.
Address: 1050 SE MONTEREY RD STE 400
City-St-Zip: STUART, FL 34994

Title: SD () Delete
Name: DESMAN, SCOTT M.D.
Address: 1050 SE MONTEREY RD STE 400
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: HAAS, GEORGE M.D.
Address: 1050 SE MONTEREY RD STE 400
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: HOFFMAN, JAMES D M.D.
Address: 1050 SE MONTEREY RD STE 400
City-St-Zip: STUART, FL 34994

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:

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: WILLIAM E CARLSON, M.D.

MGR

01/26/2006

Electronic Signature of Signing Officer or Director

Date