


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2004 08:00 AM
Secretary of State

DOCUMENT # 604452 1. Entity Name BRADENTON ORTHOPAEDIC ASSOCIATES, P.A.	
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Principal Place of Business 6015 POINTE W BLVD BRADENTON, FL 34209	Mailing Address 6015 POINTE W BLVD BRADENTON, FL 34209
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DO NOT WRITE IN THIS SPACE



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1466615	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VALADIE, ALAN 6015 POINTE W BLVD BRADENTON, FL 34209	DO NOT WRITE IN THIS SPACE
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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.

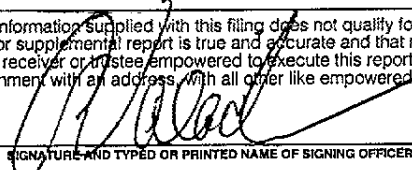
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000039996 02/09/04-80030-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AYRES, JOHN R. 6015 POINTE WEST BLVD BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP VALADIE, ARTHUR L 6015 POINTE W BLVD BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALADIE, ALAN 6015 POINTE WEST BLVD BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUNLAP, GARY L 6015 POINTE W. BLVD BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **2/3/04** **941 782-0200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #