

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 525810

FILED
Apr 28, 2004
Secretary of State

Entity Name: SOUTH FLORIDA ORTHOPAEDICS AND REHABILITATION CONSULTANTS, P.A.

Current Principal Place of Business:

747 PONCE DE LEON BLVD., STE 505
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

747 PONCE DE LEON BLVD., STE 505
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 59-1722996

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARRIOS, IVAN J M.D.
747 PONCE DE LEON BLVD., #505
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

BARRIOS, ALEXANDER
5201 BLUE LAGOON DRIVE
8TH FLOOR
MIAMI, FL 33126 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: ALEXANDER BARRIOS

04/28/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BARRIOS, IVAN J
Address: 747 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES FL,

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR () Change (X) Addition
Name: BARRIOS, ALEXANDER
Address: 5201 BLUE LAGOON DR
City-St-Zip: MIAMI, FL 33126

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: ALEXANDER BARRIOS

DIR

04/28/2004

Electronic Signature of Signing Officer or Director

Date