2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004
Secretary of State

DOCUMENT# 600775

Entity Name: MADISON-MACKEY-ROGERS ORTHOPAEDIC ASSOCIATION, P.A.

Current Principal Place of Business:

800 W. MORSE BLVD
SUITE 5
WINTER PARK, FL 327893735 US

New Principal Place of Business:

Current Mailing Address:

800 W. MORSE BLVD.
SUITE 5
WINTER PARK, FL 32789 US

New Mailing Address:

FEI Number: 59-1225969 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MADISON, JAMES B.
800 W MORSE BLVD STE 5
WINTER PARK, FL

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: VP ( ) Delete
Name: MACKEY, DAVID L,
Address: 600 VIA LUGANO
City-St-Zip: WINTER PARK, FL

Title: P ( ) Delete
Name: ROGERS, WILLIAM D JR, .
Address: 800 W MORSE BLVD 5
City-St-Zip: WINTER PARK, FL 32789

Title: ST ( ) Delete
Name: MADISON, JAMES B.,
Address: 1681 BLUE RIDGE RD
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MACKEY, DAVID L,
Address: 600 VIA LUGANO
City-St-Zip: WINTER PARK, FL

Title: VP (X) Change ( ) Addition
Name: MADISON,JAMES B.,
Address: 1681 BLUE RIDGE RD
City-St-Zip: WINTER PARK, FL 32789

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 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: JAMES B MADISON VP 04/14/2004

Electronic Signature of Signing Officer or Director — Date