

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602019

FILED  
Apr 22, 2004  
Secretary of State

**Entity Name:** TAMPA ORTHOPAEDIC & SPORTS MEDICINE GROUP, P.A.

**Current Principal Place of Business:**

602 SOUTH HOWARD AVENUE  
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

602 SOUTH HOWARD AVENUE  
TAMPA, FL 33606

**New Mailing Address:**

**FEI Number:** 59-1295027

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

R. JAMES ROBBINS, JR.,  
101 EAST KENNEDY BOULEVARD  
SUITE 3700  
TAMPA, FL 336020000 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: VP ( ) Delete  
Name: MURPHY, DANIEL MD  
Address: 4215 SYLVAN RAMBLE ST  
City-St-Zip: TAMPA, FL 33609

Title: PS ( ) Delete  
Name: VIXXR, PETER D  
Address: 4110 W HORATIO ST  
City-St-Zip: TAMPA, FL 33609

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: T ( ) Change (X) Addition  
Name: MOSER, MICHAEL W  
Address: 2517 W EDGEWOOD ROAD  
City-St-Zip: TAMPA, FL 33609 US

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:** PETER D VIZZI

P

04/22/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date