

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602019

FILED
Feb 11, 2005
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: T (X) Delete
Name: MOSER, MICHAEL W
Address: 2517 W EDGEWOOD ROAD
City-St-Zip: TAMPA, FL 33609 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PR (X) Change () Addition
Name: MURPHY, DANIEL MD
Address: 4215 SYLVAN RAMBLE ST
City-St-Zip: TAMPA, FL 33609

Title: VP (X) Change () Addition
Name: VIZZI, PETER D
Address: 108 DEBRA ANN CIRCLE
City-St-Zip: LAFAYETTE, LA 70503

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: DANIEL MURPHY

PR

02/11/2005

Electronic Signature of Signing Officer or Director

Date