2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004
Secretary of State

DOCUMENT# 603127

Entity Name: FLORIDA ORTHOPAEDIC ASSOCIATES, P.A.

Current Principal Place of Business:

740 WEST PLYMOUTH AVE.
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

740 WEST PLYMOUTH AVE.
DELAND, FL 32720

New Mailing Address:

FEI Number: 59-1361697 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOOD, ROYCE E JR
740 W PLYMOUTH AVENUE
DELAND, FL 32720

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: P ( ) Delete
Name: HOOD, ROYCE E. JR. M
Address: 740 WEST PLYMOUTH AVENUE
City-St-Zip: DELAND, FL

Title: S ( ) Delete
Name: HOLLMANN, MARK W
Address: 740 W PLYMOUTH AVE
City-St-Zip: DELAND, FL

Title: VP ( ) Delete
Name: REED, STEPHEN M
Address: 740 WEST PLYMOUTH AVE
City-St-Zip: DELAND, FL

Title: VP ( ) Delete
Name: LAVOIE, STEPHANE
Address: 740 WEST PLYMOUTH AVE
City-St-Zip: DELAND, FL 32720

Title: VP ( ) Delete
Name: DENOFF, FRANK
Address: 740 WEST PLYMOUTH AVE.
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HOOD, ROYCE E JR
Address: 740 WEST PLYMOUTH AVENUE
City-St-Zip: DELAND, FL

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

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

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

Title: VP (X) Change ( ) Addition
Name: DENOFF, FRANK
Address: 740 WEST PLYMOUTH AVE
City-St-Zip: DELAND, FL 32720

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: ROYCE E HOOD, MD P 03/02/2004

Electronic Signature of Signing Officer or Director — Date