2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 603328

FILED Jan 05, 2005 Secretary of State

Entity Name: ORTHOPAEDIC & SPORTS MEDICINE CENTER OF MIAMI, P.A.

Current Principal Place of Business: New Principal Place of Business:

7000 SW 62 AVENUE 6701 SUNSET DR. 200 201

200 201 MIAMI, FL 33143 MIAMI, FL 33143

Current Mailing Address: New Mailing Address:

7000 SW 62 AVENUE P.O. BOX 43-0430

200 MIAMI, FL 33243 MIAMI, FL 33143

FEI Number: 59-1370925 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SACHER, CHARLES P. KALBAC, DANIEL G MD 2655 LEJEUNE ROAD P.O. 43-0430 1101 MIAMI, FL 33243 US

CORAL GABLES, FL 33134 US

in the State of Florida.

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

SIGNATURE: DANIEL G. KALBAC, MD 01/05/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

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

Title: D () Delete Title: DR (X) Change () Addition

 Name:
 KALBAC, DANIEL
 Name:
 KALBAC, DANIEL

 Address:
 7000 SW 62 AVENUE, #200
 Address:
 6701 SUNSET DR., SUITE 201

City-St-Zip: MIAMI, FL 33143 City-St-Zip: MIAMI, FL 33143

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 G. KALBAC, MD PRES 01/05/2005