

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 625091

FILED
Apr 26, 2004
Secretary of State

Entity Name: AMELIA ISLAND ORTHOPAEDICS, INC.

Current Principal Place of Business:

1250 S 18TH STREET
204
FERNANDINA BCH, FL 32034 US

New Principal Place of Business:

Current Mailing Address:

1250 S 18TH ST
204
FERNANDINA BCH, FL 32034 US

New Mailing Address:

FEI Number: 59-1916392 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARKS, RALPH A M.D.
1250 S 18TH ST
204
FERNANDINA BCH, FL 32034 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: PD () Delete
Name: PARKS, RALPH A
Address: 1250 S 18TH STREET, SUITE 204
City-St-Zip: FERNANDINA BCH, FL 32034

Title: S () Delete
Name: PARKS, NANCY JEAN
Address: 1250 S. 18TH STREET, SUITE 204
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: AS () Delete
Name: SMITH, GREGORY NEAL MD
Address: 1250 SOUTH 18TH STREET, SUITE 204
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: LESLIE TODD

OM

04/26/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date