

2004 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A02000001064

FILED
Jul 02, 2004
Secretary of State

Entity Name: PHYSICIANS TRAUMA SERVICES, LTD.

Current Principal Place of Business:

1640 W. OAKLAND PARK BLVD., SUITE 200
FT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

1640 W. OAKLAND PARK BLVD., SUITE 200
FT LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 52-2372001 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

REYNOLDS, CHRISTINE B
1640 W OAKLAND PARK BLVD., STE 200
FT LAUDERDALE, FL 33311 US

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

Capital Contributions as Shown on record: 5,000.00

Amount of Capital Contributions in Florida to date: 5,000.00

GENERAL PARTNER INFORMATION:

ADDRESS CHANGES ONLY:

Document #:

Name: REYNOLDS, DWIGHT C
Address: 1640 W OAKLAND PARK BLVD., STE 200
City-St-Zip: FT LAUDERDALE, FL 33311

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: DWIGHT C. REYNOLDS

PRES

07/02/2004

Electronic Signature of Signing General Partner

Date