

2005 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A02000001064

FILED
Apr 30, 2005
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:

6807 W. COMMERCIAL BLVD.
TAMARAC, FL 33319

Current Mailing Address:

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

New Mailing Address:

6807 W. COMMERCIAL BLVD
TAMARAC, FL 33319

FEI Number: 52-2372001

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

REYNOLDS, CHRISTINE B
7711 E UPPER RIDGE DR.
PARKLAND, FL 33067 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: CHRISTINE REYNOLDS

04/30/2005

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: 6807 COMMERCIAL BLVD

City-St-Zip: TAMARAC, FL 33319

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

DR.

04/30/2005

Electronic Signature of Signing General Partner

Date