


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # B01000000115 1. Entity Name OSSATRON SERVICES OF NORTHEAST FLORIDA, L.P.	
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Principal Place of Business 1841 WEST OAK PARKWAY, SUITE A MARIETTA, GA 30062	Mailing Address 1841 WEST OAK PARKWAY, SUITE A MARIETTA, GA 30062
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01152004 Chg-LP CR2E003 (10/03)

4. FEI Number 74-2996497	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P. O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$220,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$220,000.00
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M00000002456	STREET ADDRESS	
NAME	HT ORTHOTRIPSY MANAGEMENT COMPANY, LLC ✓	CITY-ST-ZIP	
STREET ADDRESS	1841 WEST OAK PARKWAY, SUITE A		
CITY-ST-ZIP	MARIETTA, GA 30062		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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02/22/04 60005-008 528.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Ted S. Biderman, Secretary

1/16/04

(770) 419-0691

STAPLE CHECK HERE