


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H36Q88</b> 1. Entity Name <b>KARR AND KORNBERG ORTHOPAEDIC ASSOCIATES, M.D. P.A.</b>	
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Principal Place of Business <b>604 OAK COMMONS BLVD KISSIMMEE, FL 34741</b>	Mailing Address <b>604 OAK COMMONS BLVD KISSIMMEE, FL 34741</b>
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**DO NOT WRITE IN THIS SPACE**



05042004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2474151</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>KARR, MICHAEL A., M.D. 604 OAK COMMONS BLVD KISSIMMEE, FL 34741</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC KARR, MICHAEL A. 604 OAK COMMONS BLVD KISSIMMEE, FL 32742.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT KORNBERG, MARKUS 604 OAK COMMONS BLVD KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GORDON, SCOTT 604 OAK COMMONS BLVD KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HENNINGSEN, HAROLD J 604 OAK COMMONS BLVD KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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05/06/04-80030-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>5/4/04</b>	Daytime Phone # <b>(407) 846-6001</b>
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