2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005
Secretary of State

DOCUMENT# J99862

Entity Name: FLORIDA CENTER FOR SURGERY AND REHABILITATION OF THE HAND AND UPPER EXTREMITY, INC.

Current Principal Place of Business:

777 EAST 25TH ST
420
HIALEAH, FL 33013 US

New Principal Place of Business:

Current Mailing Address:

355 CASUARINA CONCOURSE
CORAL GABLES, FL 331436507

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AZAR, CARLOS
355 CASUARINA CONCOURSE
CORAL GABLES, FL 33143 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: D ( ) Delete
Name: AZAR, CARLOS A., M.D, .
Address: 355 CASUARINA CONCOURSE
City-St-Zip: CORAL GABLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CARLOS A AZAR MD D 04/14/2005

Electronic Signature of Signing Officer or Director Date