2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32712

FILED Mar 05, 2004 Secretary of State

Entity Name: FOUNDATION FOR MUSCULOSKELETAL RESEARCH AND EDUCATIONAL, INC.

Current Principal Place of Business: New Principal Place of Business:

% ROY SANDERS % ROY SANDERS

4175 EAST FOWLER AVE. 13020 TELECOM PKWY N

TAMPA, FL 33617 TEMPLE TERRACE, FL 336370925

Current Mailing Address: New Mailing Address:

% ROY SANDERS % ROY SANDERS

4175 EAST FOWLER AVE. 13020 TELECOM PKWY N TAMPA, FL 33617

TEMPLE TERRACE, FL 336370925

FEI Number: 59-2943168 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SANDERS, ROY SANDERS, ROY

13020 TELÉCOM PKWY N 4175 E. FOWLER AVE.

TAMPA, FL 33617 TEMPLE TERRACE, FL 336370925 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: 03/05/2004

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete SPIEGEL, PHILLIP G M.D. SPIEGEL, PHILLIP G M.D. Name: Name: 4175 E. FOWLER AVE. Address: 13020 TELECOM PKWY N Address: City-St-Zip: TAMPA, FL 33617 City-St-Zip: TEMPLE TERRACE, FL 336370925

Title: VD () Delete Title: VD (X) Change () Addition BELSOLE, ROBERT J M.D. Name: BELSOLE, ROBERT J M.D. Name: Address: 4175 E. FOWLER AVE. Address: 13020 TELECOM PKWY N

City-St-Zip: TAMPA, FL 33617 City-St-Zip: TEMPLE TERRACE, FL 336370925

Title: () Delete Title: (X) Change () Addition WALLING, ARTHUR K M.D. Name: WALLING, ARTHUR K M.D. Name: 4175 E. FOWLER AVE. 13020 TELECOM PKWY N Address: Address:

City-St-Zip: TAMPA, FL 33617 City-St-Zip: TEMPLE TERRACE, FL 336370925

(X) Change () Addition Title: VD () Delete Title: VD

Name: SANDERS, ROY M.D. Name: SANDERS, ROY M.D. 4175 E. FOWLER AVE. 13020 TELECOM PKWY N Address: Address:

City-St-Zip: TAMPA, FL 33617 City-St-Zip: TEMPLE TERRACE, FL 336370925

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROY W. SANDERS. M.D. VD 03/05/2004