


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90462 022 ***150.00

DOCUMENT # *P00000112656*
1. Entity Name
Cypress Orthopedics and Sports Medicine, P. A.



DO NOT WRITE IN THIS SPACE

90051879

2. Principal Place of Business 40124 HIGHWAY 27		3. Mailing Address 1201 S. Orlando Avenue	
Suite, Apt. #, etc. SUITE 101		Suite, Apt. #, etc. Suite 350	
City & State DAVENPORT, FLORIDA		City & State Winter Park, Florida	
Zip 33837	Country USA	Zip 32789	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
7. Name and Address of Current Registered Agent			
Name <i>Carla DeLoach Bryant</i>			
Street Address (P.O. Box Number is Not Acceptable) <i>1201 S. Orlando Avenue</i>			
Suite <i>350</i>			
City <i>Winter Park</i>		FL	Zip Code <i>32789</i>

**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.

CARLA DELOACH BRYANT

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State.</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWDY, PAUL ALLAN 40124 HIGHWAY 27, SUITE 101 DAVENPORT FL 33837	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ *2/22/03*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)