

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000117927

FILED
Apr 26, 2004
Secretary of State

Entity Name: PROTOCOL ORTHOPEDICS, INC.

Current Principal Place of Business:

4309 PABLO OAKS COURT
5
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

4309 PABLO OAKS COURT
5
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 59-3686570

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEASLER, FRANK R JR
4309 PABLO OAKS CT STE 200
JACKSONVILLE, FL 32224 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: ROJAHN, ROBERT W
Address: 1745 TALL TREE DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ROJAHN, ROBERT W
Address: 1639 BEACH BOULEVARD, SUITE 11
City-St-Zip: JACKSONVILLE, FL 32250

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: ROBERT W. ROJAHN

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04/26/2004

Electronic Signature of Signing Officer or Director

_____ Date