

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000032461

FILED
Feb 13, 2004
Secretary of State

Entity Name: CENTRAL FLORIDA ORTHOPAEDICS, P.A.

Current Principal Place of Business:

1500 SE MAGNOLIA EXTENSION STE 203
OCALA, FL 34471

New Principal Place of Business:

3040 SW 27TH AVE
SUITE 103
OCALA, FL 34474

Current Mailing Address:

1500 SE MAGNOLIA EXTENSION STE 203
OCALA, FL 34471

New Mailing Address:

3040 SW 27TH AV
SUITE 103
OCALA, FL 34474

FEI Number: 59-3720594

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CENTRAL FLORIDA ORTHOPEDIA
1500 SE MAGNOLIA EXTENSION STE 203
OCALA, FL 34471

Name and Address of New Registered Agent:

CENTRAL FLORIDA ORTHOPEDIA
3040 SW 27TH AVE
SUITE 103
OCALA, FL 334474

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: _____

02/13/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LOCKER, JOSEPH R MD
Address: 1500 SE MAGNOLIA EX #203
City-St-Zip: Ocala, FL 34471

Title: P (X) Delete
Name: BRILL, ROBERT T
Address: 1500 SE MAGNOLIA EXT 203
City-St-Zip: Ocala, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LOCKER, JOSEPH R MD
Address: 3040 SE 27TH AVE
City-St-Zip: Ocala, FL 34474

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: JOSPEH R LOCKER ,\MD

P

02/13/2004

Electronic Signature of Signing Officer or Director

Date