

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000070236

FILED  
Jan 06, 2004  
Secretary of State

Entity Name: WESTCHASE ORTHOPAEDICS, INC.

## Current Principal Place of Business:

10860 SHELDON ROAD  
TAMPA, FL 33626

## New Principal Place of Business:

11603 SHELDON ROAD  
TAMPA, FL 33626

## Current Mailing Address:

10860 SHELDON ROAD  
TAMPA, FL 33626

## New Mailing Address:

11603 SHELDON ROAD  
TAMPA, FL 33626

FEI Number: 02-0629157

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HORAN, PATRICK J  
10860 SHELDON ROAD  
TAMPA, FL 33626

## Name and Address of New Registered Agent:

HORAN, PATRICK J  
11603 SHELDON ROAD  
TAMPA, FL 33626

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:

01/06/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete  
Name: HORAN, PATRICK J  
Address: 10860 SHELDON ROAD  
City-St-Zip: TAMPA, FL 33626

Title: D ( ) Delete  
Name: HORAN, PATRICK J  
Address: 10860 SHELDON ROAD  
City-St-Zip: TAMPA, FL 33626

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition  
Name: HORAN, PATRICK J  
Address: 11603 SHELDON ROAD  
City-St-Zip: TAMPA, FL 33626

Title: D (X) Change ( ) Addition  
Name: HORAN, PATRICK J  
Address: 11603 SHELDON ROAD  
City-St-Zip: TAMPA, FL 33626

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: PATRICK J HORAN

OWNE

01/06/2004

Electronic Signature of Signing Officer or Director

Date