2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000121217

FILED Apr 25, 2005 Secretary of State

Entity Name: EMERALD COAST SPORTS MEDICINE AND ORTHOPAEDICS, P.A.

Current Principal Place of Business:	New Principal Place of Business:
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550 W REDSTONE AVE 339 RACETRACK RD. 12

300

CRESTVIEW, FL 32536 FORT WALTON BEACH, FL 32547

Current Mailing Address: New Mailing Address:

550 W REDSTONE AVE 339 RACETRACK RD

300 CRESTVIEW, FL 32536 FORT WALTON BEACH, FL 32547

FEI Number: 65-1160592 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:

MCINNIS, C. JEFFREY 909 MAR WALT DRIVE SUITE 1014 FORT WALTON BEACH, FL 32547 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

CHEN, LEO C MD CHEN, LEO C MD Name: Name: 550 W REDSTONE AVENUE SUITE 300 339 RACETRACK RD. Address: Address:

City-St-Zip: CRESTVIEW, FL 32536 City-St-Zip: FORT WALTON BEACH, FL 32547

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 Statutés. 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: LEO CHEN **PRES** 04/25/2005