

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000103147

FILED
Jun 04, 2004
Secretary of State

Entity Name: AVENTURA ORTHOPAEDICS AND SPORTS MEDICINE, P.A.

Current Principal Place of Business:

P.O. BOX 800735
AVENTURA, FL 33280

New Principal Place of Business:

20601 EAST DIXIE HIGHWAY
SUITE 330
AVENTURA, FL 33180 US

Current Mailing Address:

P.O. BOX 800735
AVENTURA, FL 33280

New Mailing Address:

P.O. BOX 800735
AVENTURA, FL 33280 US

FEI Number: 41-2109343

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 EAST PARK AVE.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

COHEN, BRAD K
9273 COLLINS AVENUE
APT. 309
SURFSIDE, FL 33154 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: BRAD K. COHEN

06/04/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COHEN, BRAD K
Address: P.O. BOX 800735
City-St-Zip: AVENTURA, FL 33280

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: COHEN, BRAD K
Address: 20601 EAST DIXIE HIGHWAY, SUITE 330
City-St-Zip: AVENTURA, FL 33180 US

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: BRAD K. COHEN

D

06/04/2004

Electronic Signature of Signing Officer or Director

Date