

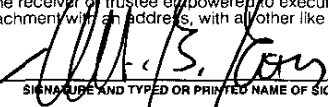


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90572 044 ***150.00

DOCUMENT # P03000105157					
1. Entity Name ORTHOPAEDIC SPINE & FRACTURE CLINIC, INC.					
Principal Place of Business 4676 ISLAND REEF DR WELLINGTON, FL 33467			Mailing Address 4676 ISLAND REEF DR WELLINGTON, FL 33467		
2. Principal Place of Business 3898 Via Poinciana Suite, Apt. #, etc. 18 City & State Lake Worth, FL Zip 33467 Country USA		3. Mailing Address 3898 Via Poinciana Suite, Apt. #, etc. 18 City & State Lake Worth FL Zip 33467 Country USA			
4. FEI Number 20-0255343				Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERNSTEIN, MARK 5001 S UNIVERSITY DR #K DAVIE, FL 33328			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State FL Zip Code _____		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME PINO, WILBERT STREET ADDRESS 4676 ISLAND REEF DR CITY-ST-ZIP WELLINGTON, FL 33467	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date 4/23/04		Daytime Phone # 561-296-2345