


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90023 023 ***150.00

DOCUMENT # P04000119201		
1. Entity Name ARNOLD SURGICAL ASSOCIATES, M.D., P.A.		

Principal Place of Business 77 WEST UNDERWOOD STREET SUITE 200 ORLANDO FL 32806	Mailing Address 77 WEST UNDERWOOD STREET SUITE 200 ORLANDO FL 32806
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2. Principal Place of Business 70 West Gore St. Suite, Apt. #, etc. 202	3. Mailing Address 70 West Gore St. Suite, Apt. #, etc. 202
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City & State Orlando, FL	City & State Orlando, FL	4. FEI Number 20-1485929	Applied For <input type="checkbox"/> Not Applicable
Zip 32806	Country USA	Zip 32806	Country USA



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent WEATHERFORD, WILLIAM P JR. 1150 LOUISIANA AVENUE SUITE 4 WINTER PARK FL 32789		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARNOLD, DANIEL L M.D. 77 WEST UNDERWOOD STREET #200 ORLANDO FL 32806 <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 report 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: Daniel Arnold M.D. 4/20/05 407-839-3340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #