2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2004
Secretary of State

DOCUMENT# P93000038874

Entity Name: ORTHOPAEDIC AND SPINAL ASSOCIATES OF SOUTH FLORIDA, P.A.

Current Principal Place of Business:

4302 ALTON RD
SUITE 115
MIAMI BEACH, FL 33140 US

New Principal Place of Business:

Current Mailing Address:

4302 ALTON RD
SUITE 115
MIAMI BEACH, FL 33140 US

New Mailing Address:

FEI Number: 65-0418079 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHEN, DAN S
4302 ALTON RD
SUITE 115
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: COHEN, DAN S
Address: 4302 ALTON RD SUITE 115
City-St-Zip: MIAMI BEACH, FL

Title: VD ( ) Delete
Name: HYDE, JONATHAN
Address: 4302 ALTON RD SUITE 115
City-St-Zip: MIAMI, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: COHEN, DAN S
Address: 4302 ALTON RD SUITE 115
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: VD (X) Change ( ) Addition
Name: HYDE, JONATHAN
Address: 4302 ALTON RD SUITE 115
City-St-Zip: MIAMI, FL 33140 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: DAN S COHEN PD 06/30/2004

Electronic Signature of Signing Officer or Director Date