

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000064837

FILED
Jul 06, 2004
Secretary of State

Entity Name: ISLAND ORTHOPEDICS & SPORTS MEDICINE, P.A.

Current Principal Place of Business:

1111 12TH ST SUITE 112
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

1111 12TH ST SUITE 112
KEY WEST, FL 33040

New Mailing Address:

18 ALLAMANDA TERRACE
KEY WEST, FL 33040 US

FEI Number: 65-0525719

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOCKWOOD, JOHN M MD
1111 12TH ST SUITE 112
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

LOCKWOOD, ROBIN R MR
18 ALLAMANDA TERRACE
KEY WEST, FL 33040 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: ROBIN LOCKWOOD

07/06/2004

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: D () Delete
Name: LOCKWOOD, JOHN M MD
Address: 1111 12TH ST SUITE 112
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: LOCKWOOD, ROBIN R MD
Address: 1111 12TH ST SUITE 112
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: LOCKWOOD, JOHN M DR
Address: 34 ALLAMANDA AVENUE
City-St-Zip: KEY WEST, FL 33040

Title: DR (X) Change () Addition
Name: LOCKWOOD, ROBIN R DR
Address: 18 ALLAMANDA TERRACE
City-St-Zip: KEY WEST, FL 33040

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: ROBIN LOCKWOOD

DR

07/06/2004

Electronic Signature of Signing Officer or Director

Date