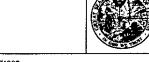
## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Apr 23, 2004 08:00 AM Secretary of State

| DOCUMENT # P94000067194      |
|------------------------------|
| 1. Entity Name               |
| BERRYHILL ORTHOPAEDICS, P.A. |



Principal Place of Business 6007 BERRYHILL RD MILTON, FL 32570

SZYMONIAK, PETER M M.D. 6007 BARRYHILL RD MILTON, FL 32570

CITY-ST-ZIP

Mailing Address 6007 BERRYHILL RD MILTON, FL 32570

| DO | NOT | WRITE | IN | THIS | SPACE |
|----|-----|-------|----|------|-------|

6. Name and Address of Current Registered Agent

SIGNATURE: Peter M. Szymoniak, MD KEN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01052004 No Chg-P CR2E034 (10/03)

|               | <br>¢0 75 |                |
|---------------|-----------|----------------|
| 59-3273445    |           | Not Applicable |
| 4. FEI Number |           | Applied For    |

5. Certificate of Status Desired

ORD, P.A.

(850) 626-1461

\$8.75 Additional Fee Required

Applied For

| DO   | NOT  | WRITE |
|------|------|-------|
| IN : | THIS | SPACE |

|  | named entity submits this statement for the plions of registered agent. | ourpose of changing its registere                    | ed office or r    | egistered agent, or bo         | oth, in the State of Florida. I am familiar with, and accept |
|--|---|--|-------------------|--------------------------------|--|
| SIGNATURE                                      | Signature, typed or printed name of registered agent and title          | applicable. (NOTE Registered                         | d Agent signature | e required when reinstaling)   | DATE   |
|  | E NOW!!! FEE IS \$150.00<br>ay 1, 2004 Fee will be \$550.00             | Election Campaign Finan     Trust Fund Contribution. | cìng 🔲            | \$5.00 May Be<br>Added to Fees |  |
| 10.  | OFFICERS AND DIREC  | CTORS  |                   |                                | <u> </u>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>SZYMONIAK, PETER M M.D.<br>6007 BERRYHILL DR<br>MILTON, FL 32570  |  |                   |                                | U00000126653<br>04/23/04-80042-016 150.00                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |  |                   |                                | •  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   |  |                   | DO                             | NOT WRITE  |
| NAME<br>STREET AODRESS<br>CITY-ST-ZIP          |   |  |                   | IN .                           | THIS SPACE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   |  |                   |                                |  |
| TITLE<br>NAME<br>STREET ADDRESS                |   |  |                   |                                |  |

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 19.07(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 spat 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 the Charles of the corporation of the appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like empowered.