

**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		Mailing Address 6007 BERRYHILL RD MILTON, FL 32570		
DO NOT WRITE IN THIS SPACE			 01052004 No Chg-P CR2E034 (10/03)	
			4. FEI Number 59-3273445	Applied For <input type="checkbox"/> Not Applicable
			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SZYMONIAK, PETER M M.D. 6007 BARRYHILL RD MILTON, FL 32570		DO NOT WRITE IN THIS SPACE		
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 _____ <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		<div style="font-family: monospace; font-size: 1.2em;">U000000126653 04/23/04-80042-016 150.00</div> DO NOT WRITE IN THIS SPACE		
TITLE	DP			
NAME	SZYMONIAK, PETER M M.D.			
STREET ADDRESS	6007 BERRYHILL DR			
CITY-ST-ZIP	MILTON, FL 32570			
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
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CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing 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 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 689, 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: Peter M. Szymoniak, MD		Prepared by KEMMY A. BARNFORD, P.A. (850) 626-1461 <small>Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Certified Public Accountant				