


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90236 008 ***150.00

DOCUMENT # P95000010847	
1. Entity Name SOUTH FLORIDA ORTHOPAEDICS, INC.	

Principal Place of Business ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243	Mailing Address P.O. BOX 380546 BIRMINGHAM AL 35238
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14021868



MOORE CR2E034 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0560986	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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, 2004 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GORDON, JOEL C ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HALE, BRANDON O ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAY, ROBERT P ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAST FOWLER, CATHERINE N ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOTTS T, RICHARD E ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Gregory L. Doody One Healthsouth Parkway Birmingham, AL 35243 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD Guy Sansone One Healthsouth Parkway Birmingham, AL 35243 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Brian M. Menke One Healthsouth Parkway Birmingham, AL 35243 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Brian M. Menke, Vice President** **4/30/04** **(205)967-7116**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

14021868

#P9500010847

South Florida Orthopaedics, Inc.

FEIN# 65-0560986

Document# P95000010847

SUBSIDIARY OFFICERS AND DIRECTORS

Joel C. Gordon	Chairman of the Board and Director
Robert P. May	President and Director
Gregory L. Doody	Vice President; Secretary
Guy Sansone	Vice President; Treasurer and Director
Larry D. Taylor	Vice President
Patrick A. Foster	Vice President
Karen G. Davis	Vice President
Diane L. Munson	Vice President
C. Drew Demaray	Vice President and Assistant Secretary
Beall D. Gary, Jr.	Vice President and Assistant Secretary
Brian M. Menke	Vice President
Lisa M. Byrd	Vice President (Surgery Center Subsidiaries Only)

All addresses c/o

HEALTHSOUTH Corporation
One Healthsouth Parkway
Birmingham, Alabama 35243
Telephone: 205/967-7116