

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000015081 (9)

1. Corporation Name
TRAUMA SURGERY NETWORK, INC.

Principal Place of Business
1330 SE 4TH AVE. STE H
FT LAUDERDALE FL 33316

Mailing Address
1330 SE 4TH AVE. STE H
FT LAUDERDALE FL 33316-1958



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/22/1995		3a. Date of Last Report 07/29/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0563604		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent FARRELL, JAMES A 250 S AUSTRALIAN AVE, 500 W PALM BEACH FL 33401				10. Name and Address of New Registered Agent			
				81	Name Dennis B. Dove MD		
				82	Street Address (P.O. Box Number is Not Applicable) 1330 SE 4TH AVE STE H		
				83	City FT		
				84	City	FT Lauderdale FL	85 Zip Code 33316
11. Pursuant to the provisions of Sections 607.0400 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and agree to obtain, the statement of 607.0405, Florida Statutes.							
SIGNATURE <i>[Signature]</i>				Dennis B. Dove MD 3/22/97			
Signature typed or printed name of registered agent and title if applicable				(NOTE: Registered Agent signature required when reinstating) DATE			

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DOVE, DENNIS MD			1.2 NAME			
STREET ADDRESS	1330 SE 4TH AVE, STE H			1.3 STREET ADDRESS			
CITY - ST - ZIP	FT LAUDERDALE FL 33316			1.4 CITY - ST - ZIP			
TITLE	DV	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GUARNERI, RALPH MD			2.2 NAME			
STREET ADDRESS	8251 W BROWARD BLVD, 305			2.3 STREET ADDRESS			
CITY - ST - ZIP	PLANTATION FL 33324			2.4 CITY - ST - ZIP			
TITLE	DST	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COHEN, WILLIAM MD			3.2 NAME			
STREET ADDRESS	8251 W BROWARD BLVD, 308			3.3 STREET ADDRESS			
CITY - ST - ZIP	PLANTATION FL 33324			3.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/22/97 954 462 874

CR2E034 (9/96)