

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000015095

FILED
Mar 09, 2008
Secretary of State

Entity Name: TRAUMA PHYSICIAN NETWORK, INC.

Current Principal Place of Business:

201 E. SAMPLE ROAD
NORTH BROWARD MEDICAL CENTER
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

4010 NW 100 AVENUE
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 65-0563607

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURSHAN, KHALIL M.D.
2001 N.E. 48TH COURT
FT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: BURSHAN, KHALIL MD
Address: 4301N FEDERAL HWY
City-St-Zip: POMPAN0 BEACH, FL 33064

Title: V () Delete
Name: SCHULTZ, RICHARD MD
Address: 2001 N.E. 48TH COURT
City-St-Zip: FT LAUDERDALE, FL 33308

Title: VMTS () Delete
Name: JOHNSON, JUDITH MD
Address: 2901 CORAL HILLS DRIVE, SUITE 250
City-St-Zip: CORAL SPRINGS, FL 33065

Title: V () Delete
Name: MORGALIS, DAVID MD
Address: 9980 CENTRAL PK BLVD., SUITE 210
City-St-Zip: BOCA RATON, FL 33428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JUDITH JOHNSON

VMTS

03/09/2008

Electronic Signature of Signing Officer or Director

_____ Date