


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000006066 1. Entity Name SOUTHERN ORTHOPAEDIC NETWORK, INC.	
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Principal Place of Business 1075 MASON AVE DAYTONA BEACH, FL 32117-4611	Mailing Address 1075 MASON AVE DAYTONA BEACH, FL 32117-4611
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DO NOT WRITE IN THIS SPACE



03252004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3425767	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 GILLESPIY, MARK C 1075 MASON AVE DAYTONA BEACH, FL 32117

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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</small>	(NOTE Registered Agent signature required when reinstating)	DATE _____
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GILLESPIY, MARK 1075 MASON AVE DAYTONA BCH, FL 32117
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GAINES, RICHARD K 311 N CLYDE MORRIS BLVD SUITE 480 DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 04/12/04-80031-024 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: <u>Mark C. Gillespy, M.D.</u>	4/7/04	(386) 255-4596
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>