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04-23-2003 90164 005 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

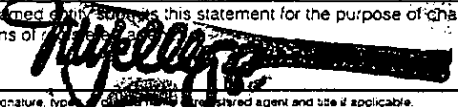
55039914

DOCUMENT # P97000006066			
1. Entity Name SOUTHERN ORTHOPAEDIC NETWORK, INC.			
Principal Place of Business 1075 MASON AVE DAYTONA BEACH FL 32117-4611		Mailing Address 1075 MASON AVE DAYTONA BEACH FL 32117-4611	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
4. FEI Number 59-3425767		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 - Additional Fee Required	



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent DANIELS, ALAN H 800 NORTH MAGNOLIA AVE SUITE 1500 ORLANDO FL 32803		7. Name and Address of New Registered Agent Name Mark C. Gillespy Street Address (P.O. Box Number is Not Acceptable) 1075 Mason Ave. City Daytona Beach, FL Zip Code 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 

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GILLESPY, MARK 1075 MASON AVE DAYTONA BCH FL 32117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GAINES, RICHARD K 311 N CLYDE MORRIS BLVD SUITE 480 DAYTONA BEACH FL 32114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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:  **REQUIRED** Mark C. Gillespy, M.D. 4/21/03 (386) 255-4596
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)