

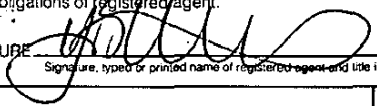



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90271 023 ***150.00

DOCUMENT # P97000009967 1. Entity Name SOUTH FLORIDA MICROSURGERY ASSOCIATES, P.A.					
Principal Place of Business 3449 JOHNSON STREET HOLLYWOOD, FL 33021			Mailing Address 3449 JOHNSON STREET HOLLYWOOD, FL 33021		
2. Principal Place of Business 1150 N. 35 Ave Suite, Apt. #, etc. #550		3. Mailing Address 1150 N. 35 Ave Suite, Apt. #, etc. 550			
City & State Hollywood FL		City & State Hollywood FL		01192005 Chg-P CR2E034 (10/03)	
Zip 33081		Country USA		4. FEI Number 65-0730061	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BRADY, FRANK 370 W CAMINO GARDENS BLVD BOCA RATON, FL 33432				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  DATE 3/2/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input type="checkbox"/> Delete NAME BOYD, BRYAN STREET ADDRESS 2950 CLEVELAND CLINIC CITY-ST-ZIP WESTON, FL 33331				TITLE Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE VP <input type="checkbox"/> Delete NAME HECKER, JEFFREY STREET ADDRESS 3449 JOHNSON STREET CITY-ST-ZIP HOLLYWOOD, FL 33021				TITLE hecker <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE S <input type="checkbox"/> Delete NAME BARNAVON, YOA V STREET ADDRESS 1150 N 35TH AVE CITY-ST-ZIP HOLLYWOOD, FL 33021				TITLE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE T <input type="checkbox"/> Delete NAME LOMAGISTRO, FRANK STREET ADDRESS 1625 SE 3RD AVE CITY-ST-ZIP FT LAUDERDALE, FL 33316				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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:  DATE 3/2/05 DAYTIME PHONE # 454 987 8100 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					