

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P97000051368

1. Entity Name  
TRAUMA PHYSICIANS SERVICE, INC.



Principal Place of Business

1118 S. ORANGE AVENUE  
SUITE 204  
ORLANDO, FL 32806

Mailing Address

1118 S. ORANGE AVENUE  
SUITE 204  
ORLANDO, FL 32806

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**



02242004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3450210

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

SCHICK, DAVID L  
301 E. PINE STREET, SUITE 1400  
ORLANDO, FL 32801

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

000000126475  
04/23/04-80035-013 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
COLE, J. DEAN M.D.  
1118 S. ORANGE AVENUE, SUITE 204  
ORLANDO, FL 32806

TITLE  
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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Dean Cole

Date

Daytime Phone #

4/13/04 407-999-7878