

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000104374

FILED
Mar 12, 2004
Secretary of State

Entity Name: FLORIDA ORTHOPAEDIC INSTITUTE, INC.

Current Principal Place of Business:

1600 SOUTH FEDERAL HIGHWAY
TENTH FLOOR
POMPANO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

1600 SOUTH FEDERAL HIGHWAY
TENTH FLOOR
POMPANO BEACH, FL 33062

New Mailing Address:

FEI Number: 65-0813612

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCRORY, J W
1512 EAST BROWARD BOULEVARD
SUITE 200
FORT LAUDERDALE, FL 33301 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: D () Delete
Name: LESTRANGE, NILE R M.D.
Address: 1600 SOUTH FEDERAL HIGHWAY - TENTH FLOOR
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NILE R LESTRANGE

D

03/12/2004

Electronic Signature of Signing Officer or Director

Date