

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90023 005 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000106470
 1. Entity Name
 NORTH ORLANDO SURGICAL GROUP, INC.



40000097

Principal Place of Business Mailing Address
 NORTH ORLANDO SURGICAL GROUP, INC 1061 MEDICAL CENTER
 STE 305 STE 305
 ORANGE CITY, FL 32763 US ORANGE CITY, FL 32763 US



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01042005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 - 59-3480199 - Not Applicable

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

6. Name and Address of Current Registered Agent

STEINBAUM, JEREMY D -M.D.
 1061 MEDICAL CENTER DR
 STE 202
 ORANGE CITY, FL 32763

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
D	STEINBAUM, JEREMY D		
	1061 MEDICAL CENTER DR STE 202 305		
	ORANGE CITY, FL 32763		

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 authority, with or without power like empowered.

SIGNATURE: _____ Date: 1-5-04 Daytime Phone #: (386) 775-0333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR