

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: NORTH ORLANDO SURGICAL GROUP, INC, STE 305, ORANGE CITY, FL 32763 US
 Mailing Address: 1061 MEDICAL CENTER, STE 305, ORANGE CITY, FL 32763 US



2. Principal Place of Business / 3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip / Country

01042005 Chg-P CR2E034 (10/03)

4. FEI Number: 59-3480199
 Applied For: 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)

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

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

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	STEINBAUM, JEREMY D
STREET ADDRESS	1061 MEDICAL CENTER DR STE 202 305
CITY-ST-ZIP	ORANGE CITY, FL 32763
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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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 authority, with or without power like empowered.

SIGNATURE: Date: 1-5-04 (386) 775-0333
Signature and typed or printed name of signing officer or director Daytime Phone #