

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000036578

FILED
Sep 02, 2005
Secretary of State

Entity Name: HAND SURGERY INSTITUTE, INC.

Current Principal Place of Business:

1000 45TH STREET, SUITE 2
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

1000 45TH STREET, SUITE 2
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 65-0837976 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANLON, M. TIMOTHY
321 ROYAL POINCIANA PLAZA
PALM BEACH, FL 33480 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: ACOSTA, ROBERTO J M.D.
Address: 1000 45TH STREET, SUITE 2
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D (X) Delete
Name: EATON, CHARLES J M.D.
Address: 1000 45TH STREET, SUITE 2
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ROBERTO J. ACOSTA M.D.

PRES

09/02/2005

Electronic Signature of Signing Officer or Director

_____ Date