2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000052296

City-St-Zip: N BAY VILLAGE, FL 33141

Entity Name: ADVANCED SURGICAL PROCEDURES P.A.

FILED May 03, 2004 Secretary of State

| Current Principal Place of Business: | | | New Principal Place o | New Principal Place of Business: | |
|--|--|---------------------------------------|------------------------------------|--|--|
| P.O. BOX MIAMI, FL | 416732 332418732 | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| P.O. BOX MIAMI, FL | 416732 332418732 L | S | | | |
| FEI Number | : 65-0925462 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | Address of C | Current Registered Agent: | Name and Address of | nd Address of New Registered Agent: | |
| | FF P M.D. REASURE DR. LLAGE, FL 33 | | | | |
| | named entity : e of Florida. | submits this statement for the p | ourpose of changing its registered | office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| Electronic Signature of Registered Agent | | | ent | Date | |
| | | 3(2)(b), F.S., the corporation did no | ot receive the prior notice. | | |
| | S AND DIREC | - , , | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: | P () ARTS, JEFF P | Delete | Title: (Name: |) Change () Addition | |

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: JEFF P. ARTS PRES 05/03/2004