2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004
Secretary of State

DOCUMENT# S27832

Entity Name: TALLAHASSEE ORTHOPEDIC SURGERY CENTER, INC.

Current Principal Place of Business:

3334 CAPITAL MEDICAL BLVD., STE 500
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

3334 CAPITAL MEDICAL BLVD., STE 500
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-3055704 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HANEY, TOM C.
3334 CAPITAL MEDICAL BLVD, STE 400
TALLAHASSEE, FL 32308

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:	COBP	( ) Delete
Name:	HANEY, TOM C M.D.	
Address:	3489 CEDAR LANE	
City-St-Zip:	TALLAHASSEE, FL	
Title:	D	( ) Delete
Name:	HENDERSON, WILLIAM D	
Address:	6973 MCBRIDE POINT	
City-St-Zip:	TALLAHASSEE, FL	
Title:	D	( ) Delete
Name:	WINGO, CHARLES H M.D.	
Address:	317 TALWOOD DRIVE	
City-St-Zip:	TALLAHASSEE, FL	
Title:	S	( ) Delete
Name:	THORNBERRY, ROBERT L M.D.	
Address:	2675 EARL LANE	
City-St-Zip:	TALLAHASSEE, FL	
Title:	T	( ) Delete
Name:	DEWEY, DONALD M M.D.	
Address:	5325 PEMBRIDGE PL	
City-St-Zip:	TALLAHASSEE, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: TOM C. HANEY, M.D. COBP 03/17/2004

Electronic Signature of Signing Officer or Director — Date