


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90023 003 ***150.00

DOCUMENT # V07361


1. Entity Name
SOUTH FLORIDA ORTHOPAEDICS & SPORTS MEDICINE, P.A.



Principal Place of Business Mailing Address
509 RIVERSIDE DR SUITE 302 STUART, FL 34994 US **509 RIVERSIDE DR SUITE 302 STUART, FL 34994 US**

2. Principal Place of Business 3. Mailing Address
1050 S.E. Monterey Road *1050 S.E. Monterey Road*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 400 *Suite 400*

City & State City & State
 Zip Country Zip Country



01202004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0311858 Not Applicable

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

6. Name and Address of Current Registered Agent

COEL, MARK A
621 NW 53RD ST
SUITE 420
BOCA RATON, FL 33487-0000

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANSPACH, W.E. III M.D. 509 RIVERSIDE DRIVE SUITE 302 STUART, FL 34994	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARLSON, W.E. M.D. 509 RIVERSIDE DRIVE SUITE 302 STUART, FL 34994	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DESMAN, SCOTT M.D. 509 RIVERSIDE DRIVE SUITE 302 STUART, FL 34994	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAAS, GEORGE M.D. 509 RIVERSIDE DRIVE SUITE 302 STUART, FL 34994	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>1050 Se Monterey Road, Suite 400</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>1050 S.E. Monterey Road, Suite 400</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an address, with all other like empowered.

SIGNATURE: *William E. Carlson* **WILLIAM E. CARLSON** *4/1/04* *(772) 288 2400*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #