2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2008
Secretary of State

DOCUMENT# 601373

Entity Name: ORTHOPEDIC SPECIALISTS OF SOUTH FLORIDA, P.A.

Current Principal Place of Business:

7100 WEST 20TH AVE.
SUITE 101
HIALEAH, FL 33016

New Principal Place of Business:

Current Mailing Address:

7100 WEST 20TH AVE.
SUITE 101
HIALEAH, FL 33016

New Mailing Address:

FEI Number: 59-1272217 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSABAL, ORESTES G MD
7100 WEST 20TH AVE, STE 101
HIALEAH, FL 33016 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: DP ( ) Delete
Name: ROSABAL, ORESTES G MD
Address: 7100 W 20TH AVE
City-St-Zip: HIALEAH, FL 33016

Title: DV ( ) Delete
Name: KRIKORIAN,, ENRIQUE MD
Address: 7100 W. 20TH AVENUE
City-St-Zip: HIALEAH, FL 33016

Title: DS ( ) Delete
Name: EASTERLING, KENNETH J MD
Address: 7100 WEST 20 AVENUE SUITE 101
City-St-Zip: HIALEAH, FL 33016

Title: DT ( ) Delete
Name: DIAZ, TONY DO
Address: 7100 W. 20TH AVENUE
City-St-Zip: HIALEAH, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: ROSABAL, ORESTES G MD
Address: 7100 W 20TH AVE SUITE 101
City-St-Zip: HIALEAH, FL 33016

Title: DV (X) Change ( ) Addition
Name: KRIKORIAN,, ENRIQUE MD
Address: 7100 W. 20TH AVENUE SUITE 101
City-St-Zip: HIALEAH, FL 33016

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

Title: DT (X) Change ( ) Addition
Name: DIAZ, TONY DO
Address: 7100 W. 20TH AVENUE SUITE 101
City-St-Zip: HIALEAH, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ORESTES G ROSABAL MD DP 01/04/2008

Electronic Signature of Signing Officer or Director — Date