## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000010759

Entity Name: BLUEWATER ORTHOPEDICS, P.A.

FILED May 02, 2008 Secretary of State

•		,				
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:		
SUITE 100	EWATER BLV ) E, FL 32578	O .				
Current Mailing Address:			New Mailing Addres	New Mailing Address:		
SUITE 100	EWATER BLV ) E, FL 32578	0				
FEI Number	: 59-3228032	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:		
1950 BLUI SUITE 100 NICEVILLI The above	E, FL 32578 U	JS	ourpose of changing its registere	d office or registered agent, or both,		
SIGNATU		ii. Ciamatana at Daniatana d An		Dete		
Election Ca	ice with s. 607.19	nic Signature of Registered Agr 3(2)(b), F.S., the corporation did no g Trust Fund Contribution (). TORS:	ot receive the prior notice.	Date  ES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip: Title: Name: Address:	FOX, THOMAS 1950 BLUEWA NICEVILLE, FL VP ( MARKOWSKI,	TER BLVD SUITE 100 32578 Delete	Title: Name: Address: City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition		
Name:	MARKOWSKÌ,	WILLIAM J MD TER BLVD SUITE 100	Name:	· · · · · · · · · · · · · · · · · · ·		

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: THOMAS M FOX PRES 05/02/2008