

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000013090

FILED
Mar 16, 2009
Secretary of State

Entity Name: TOTAL ORTHOPAEDIC CARE, P.A.

Current Principal Place of Business:

4850 W. OAKLAND PARK BLVD.
SUITE 201
LAUDERDALE LAKES, FL 33313

New Principal Place of Business:

Current Mailing Address:

4850 W. OAKLAND PARK BLVD.
SUITE 201
LAUDERDALE LAKES, FL 33313

New Mailing Address:

FEI Number: 65-0557162

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, MITCHELL F
4000 HOLLYWOOD BLVD
SUITE 485-SOUTH
HOLLYWOOD, FL 33021 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: P () Delete
Name: FEANNY, MICHAEL P
Address: 4850 W OAKLAND PARK BLVD
City-St-Zip: LAUDERDALE LAKES, FL 33313

Title: V () Delete
Name: SHEIKH, BABAK MD
Address: 4850 W. OAKLAND PARK BLVD.
City-St-Zip: LAUDERDALE LAKES, FL 33313

Title: ST () Delete
Name: HAJIANPOUR, M.A
Address: 4850 W. OAKLAND PARK BLVD.
City-St-Zip: LAUDERDALE LAKES, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FEANNY, MICHAEL P MD
Address: 4850 W OAKLAND PARK BLVD, SUITE 201
City-St-Zip: LAUDERDALE LAKES, FL 33313

Title: V (X) Change () Addition
Name: SHEIKH, BABAK MD
Address: 4850 W. OAKLAND PARK BLVD., SUITE 201
City-St-Zip: LAUDERDALE LAKES, FL 33313

Title: ST (X) Change () Addition
Name: HAJIANPOUR, M.A MD
Address: 4850 W. OAKLAND PARK BLVD., SUITE 201
City-St-Zip: LAUDERDALE LAKES, FL 33313

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: MICHAEL FEANNY, MD

P

03/16/2009

Electronic Signature of Signing Officer or Director

Date