2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2011
Secretary of State

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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

OFFICERS AND DIRECTORS:

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

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

Title: S
Name: HAJIANPOUR, M.A MD
Address: 4850 W. OAKLAND PARK BLVD.,SUITE 201
City-St-Zip: LAUDERDALE LAKES, FL 33313 US

Title: T
Name: BERKOWITZ, MARIO M M.D.
Address: 4850 W OAKLAND PARK BLVD #201
City-St-Zip: LAUDERDALE LAKES, FL 33313 US

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL P FEANNY MD P 03/15/2011

Electronic Signature of Signing Officer or Director — Date