2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 13, 2009
Secretary of State

DOCUMENT# P99000051717

Entity Name: ORTHOPAEDIC CENTER OF VERO BEACH, P.A.

Current Principal Place of Business:

1285 36TH STREET
SUITE 100
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

1285 36TH STREET
SUITE 100
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 65-0925136 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARRIS, CHARLES E ATTY
819 BEACHLAND BLVD
VERO BEACH, FL 32963 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: PD ( ) Delete
Name: GRIFFIN, DAVID W MD
Address: 650 LAGOON ROAD
City-St-Zip: VERO BEACH, FL 32963

Title: DST ( ) Delete
Name: STEINFELD, RICHARD MD
Address: 1012 INDIAN MOUND TRAIL
City-St-Zip: VERO BEACH, FL 32963

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GRIFFIN, DAVID W MD
Address: 650 LAGOON ROAD
City-St-Zip: VERO BEACH, FL 32963 US

Title: DST (X) Change ( ) Addition
Name: STEINFELD, RICHARD MD
Address: 1012 INDIAN MOUND TRAIL
City-St-Zip: VERO BEACH, FL 32963 US

Title: VPO ( ) Change (X) Addition
Name: MALONE, MARCUS J MD
Address: 1155 ANSLEY AVENUE SW
City-St-Zip: VERO BEACH, FL 32968 US

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: DAVID W GRIFFIN, MD PD 10/13/2009

Electronic Signature of Signing Officer or Director — Date