2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000051717

FILED Mar 02, 2012 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

1285 36TH STREET SUITE 100 VERO BEACH, FL 32960

Current Mailing Address: New Mailing Address:

1285 36TH STREET SUITE 100 VERO BEACH, FL 32960

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GARRIS, CHARLES E ATTY 819 BEACHLAND BLVD VERO BEACH, FL 32963 US

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

Name: GRIFFIN, DAVID W MD Address: 650 LAGOON ROAD City-St-Zip: VERO BEACH, FL 32963 US

Title: DST

Name: STEINFELD, RICHARD MD Address: 4324 SUMMER BREEZE TERRACE City-St-Zip: VERO BEACH, FL 32967 US

Title: VPO

Name: MALONE, MARCUS J MD
Address: 1155 ANSLEY AVENUE SW
City-St-Zip: VERO BEACH, FL 32968 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: DAVID W GRIFFIN MD PD 03/02/2012