2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# 544230

Entity Name: ADVANCED ORTHOPEDIC INSTITUTE, INC.

Current Principal Place of Business:

1011 NO MACDILL AVE
TAMPA, FL 33607 US

New Principal Place of Business:

2910 W KNIGHTS AVENUE
TAMPA, FL 33611 US

Current Mailing Address:

1011 NO MACDILL AVE
TAMPA, FL 33607 US

New Mailing Address:

2910 W KNIGHTS AVENUE
TAMPA, FL 33611 US

FEI Number: 59-1912835 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FELDMAN, EDWARD N., M.D.
2910 KNIGHTS AVENUE
TAMPA, FL 33611 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: PS ( ) Delete
Name: FELDMAN, EDWARD N.,, M.D.
Address: 1011 NO MACDILL AVE
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition
Name: FELDMAN, EDWARD N.,, M.D.
Address: 2910 W KNIGHTS AVENUE
City-St-Zip: TAMPA, FL 33611

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: EDWARD N FELDMAN DR 04/26/2007

Electronic Signature of Signing Officer or Director Date