2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# 600557

Entity Name: WEST ORANGE ORTHOPAEDICS & SPORTS MEDICINE, P.A.

Current Principal Place of Business:

596 OCOEE COMMERCE PKWY
OCOEE, FL 34761 US

New Principal Place of Business:

Current Mailing Address:

596 OCOEE COMMERCE PKWY
OCOEE, FL 34761 US

New Mailing Address:

FEI Number: 59-1227093 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COX, W. KEVIN M.D.
596 OCOEE COMMERCE PARKWAY
OCOEE, FL 34761 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: S ( ) Delete
Name: COX, WILLIAM S,
Address: 3019 CULLEN LAKESHORD DR
City-St-Zip: ORLANDO, FL

Title: VP ( ) Delete
Name: COX, W. KEVIN
Address: 17311 MAGNOLIA ISLAND BLVD.
City-St-Zip: CLERMONT, FL 37411

Title: P ( ) Delete
Name: TORRES, JOSE A
Address: 7546 PARK SPRING CIRCLE
City-St-Zip: ORLANDO, FL 32835

Title: T ( ) Delete
Name: HURBANIS, MATTHEW D M.D.
Address: 2626 NORTH WESTMORELAND DRIVE
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: W. KEVIN COX, M.D. VP 03/11/2009

Electronic Signature of Signing Officer or Director — Date