2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006
Secretary of State

DOCUMENT# 600736

Entity Name: TREASURE COAST ORTHOPAEDIC ASSOCIATES, P.A.

Current Principal Place of Business:

1700 SE HILLMOOR DR #500
PORT ST. LUCIE, FL 349527598

New Principal Place of Business:

Current Mailing Address:

1700 SE HILLMOOR DR #500
PORT ST. LUCIE, FL 349527598

New Mailing Address:

FEI Number: 59-1224443 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STOLZER, WILLIAM A.
1700 SE HILLMOOR DR #500
PORT ST. LUCIE, FL 34952 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: STD ( ) Delete
Name: MONDO, PAUL,
Address: 1700 SE HILLMOOR DR #500
City-St-Zip: PORT ST. LUCIE, FL

Title: PD ( ) Delete
Name: STOLZER, WILLIAM A,
Address: 1700 SE HILLMOOR DR #500
City-St-Zip: PORT ST. LUCIE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change ( ) Addition
Name: MONDO, PAUL,
Address: 1700 SE HILLMOOR DR #500
City-St-Zip: PORT ST. LUCIE, FL 34952 US

Title: PD (X) Change ( ) Addition
Name: STOLZER, WILLIAM A,
Address: 1700 SE HILLMOOR DR #500
City-St-Zip: PORT ST. LUCIE, FL 34952 US

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM A STOLZER MD PRES 01/26/2006

Electronic Signature of Signing Officer or Director — Date