## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 25, 2007 8:00 am Secretary of State

| Residence of Bourness - Mo PO Box # 1 Mailing Address - SHRASDTA, FL 34232   | DOCUMENT # 601297  1. Entity Name ASSOCIATES IN ORTHOPEDICS, INC. |  |                                  |              |                           | )  | 4-25-2007 90                                | )197 009 ***1          | 50.0       | 00                |
|--|---|--|----------------------------------|--------------|---------------------------|--|---|------------------------|------------|-------------------|
| SNRROUTH, PL 94/32 SNRROUTH, PL  | Principal Place of Business Mailing Address                       |  |                                  |              |                           |  |   |                        |            |                   |
| Suite, Apt. 4, etc.    |   |  |                                  |              |                           | 40081400                                       |   |                        |            |                   |
| Suite, Apt. 4, etc.    |   |  |                                  |              |                           |  |   |                        |            |                   |
| City & State   | 2. Principal Pl   | ace of Business - No P.O. Box #                      | 3. Mailing Address               |              |                           | {   <b>                                   </b> | <b>                                    </b> |                        |            |                   |
| Zip Country  | Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.              |              |                           | 04202007                                       | Chg-P                                       | CR2E034 (12            | /06)       |                   |
| September   Country   Sep  | City & State  |  | City & State                     |              |                           | 1  | 218   |                        |            |                   |
| Name and Address of New Registered Agent   Name and Address of New Registered Agent   Name    | Zip   | Country  | Zip                              | Coun         | try                       |  |   |                        |            |                   |
| STREET ADDRESS   STRE   |   | 6. Name and Address of Curren                        | t Registered Agent               |              |                           | 7. Name and A                                  | ddress of New R                             |                        |            |                   |
| Sireal Addiess (P.O. Box Number is Not Acceptable)    City   FL   Zip Code   | WOODEL CRECORY T  |  |                                  |              | Name                      |  |   |                        |            |                   |
| 8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, bond or privated name of registered agent and total applicable. (MOTE: Registered Agent signature) part of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, bond or privated name of registered agent agent and total applicable. (MOTE: Registered Agent signature) part of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, in the state of Florida, in the state of Floridas agent, or both, in the State of Floridas agent, or both agent agen | 4602 TRAI   | LS DR.   |                                  |              | Street Address            | (P.O. Box Number                               | is Not Acceptable                           | 9)                     |            |                   |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Iam familiar with, and accept the obligations of registered agent.    Signature   Supplicity   Supplicity  |   |  |                                  |              | City                      |  |   | FI Zip                 | Code       | <del></del>       |
| SIGNATURE    Symaths broad or prefet name of registered appert and sole if applicable.   (NOTE. Registered Agent signalurier required where remission(n))   0.ATE  | 8. The above  | named entity submits this statement                  | for the purpose of changing i    | ts register  | l<br>ed office or registe | ered agent, or both                            | , in the State of Flo                       |                        | with, a    | and accept        |
| ### Part   | the obligat   | ions of registered agent.                            |                                  |              |                           |  |   |                        |            |                   |
| ### FILE NOW!!! FEE IS \$150.00 #### May 1, 2007 Fee will be \$550.00 #### May 1, 2007 Fee will be \$550.00 #### May 1, 2007 Fee will be \$550.00 ### Added to Fees    11.   | SIGNATURE_  | Signature, bried or numbed name of registered arrest | nt and little if applicable (NC  | TF Registere | d Agent signalure requir  | ed when reinstating)                           |   | DAIF                   |            | <del>_</del>      |
| TILE NAME NAME STREET ADDRESS CITY-S1-2P TILE NAME NAME STREET ADDRESS CITY-S1-2P TILE NAME NAME STREET ADDRESS CITY-S1-2P TILE NAME NAME NAME NAME NAME NAME NAME NAM   | —FIL  | E NOW!!! FEE IS \$150.00                             | 9. Election Camp                 | -            |                           |  |   |                        |            | , <del></del> -,, |
| NAME SIREET ADDRESS CITY-S1-2P  WROBEL, GREGORY T 4602 TRAILS DR. SARASOTA, FL 34232  Delete NAME SIREET ADDRESS CITY-S1-2P  ITILE NAME SIREET ADDRESS CITY-S1-2P  SIREET ADDRESS CITY-S1-2P  ITILE NAME SIREET ADDRESS CITY-S1-2P  | 10.   | OFFICERS ANI   | D DIRECTORS                      | 11.          |                           | ADDITIONS/C                                    | HANGES TO OFF                               |                        |            | 3 IN 11           |
| STREET ADDRESS CITY-S1-2PP SARASOTA, FL 34232  IIILE NAME STREET ADDRESS CITY-S1-2PP  IIILE NAME |   |  | <del></del>                      |              | l l                       |  |   | C)                     | ange       | Addition          |
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|  |   |  |                                  |              |                           |  |   |                        |            |                   |
| L 17. Liberaby carrily that the information supplied with this filling does not quality for the exemptions contained in Chabter 119. Horida Statutes, Elluther certify that the information  |   | certify that the information supplied w              | ith this filing does not qualify |              |                           | ned in Chapter 119                             | Florida Statutes                            | I further certify that | t the i    | nformation        |

indicated on this report or supplemental report is true and accurate and that my 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 of ustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment turn an address, with all other like empowered.

SIGNATURE:

1. Chobe Corrory T. M

4/83/07 94/-3