

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601799

FILED
Apr 15, 2009
Secretary of State

Entity Name: ORTHOPAEDIC CLINIC OF DAYTONA BEACH, P.A.

Current Principal Place of Business:

1075 MASON AVENUE
DAYTONA BEACH, FL 32117

New Principal Place of Business:

Current Mailing Address:

1075 MASON AVENUE
DAYTONA BEACH, FL 32117

New Mailing Address:

FEI Number: 59-1281292

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILESPY, ALBERT W
1075 MASON AVE.
DAYTONA BEACH, FL 32117 US

Name and Address of New Registered Agent:

GILESPY, ALBERT W M.D.
1075 MASON AVE.
DAYTONA BEACH, FL 32117 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: ALBERT W. GILLESPIE

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: MALCOLM, D GOTTLICH
Address: 1075 MASON AVE
City-St-Zip: DAYTONA BEACH, FL 32117

Title: P () Delete
Name: GILLESPIE JR., THURMAN
Address: 1075 MASON AVENUE
City-St-Zip: DAYTONA BEACH FL,

Title: VP () Delete
Name: BRYAN, JAMES M
Address: 1075 MASON AVE
City-St-Zip: DAYTONA BEACH, FL 32117

Title: T () Delete
Name: GILLESPIE, ALBERT W
Address: 1075 MASON AVE
City-St-Zip: DAYTONA BCH, FL

Title: AT () Delete
Name: GILLESPIE, MARK C
Address: 1075 MASON AVE
City-St-Zip: DAYTONA BEACH, FL 32117

Title: AS () Delete
Name: HATTEN, BRIAN R MD
Address: 1075 MASON AVE
City-St-Zip: DAYTONA BEACH, FL 32117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: MALCOLM, D GOTTLICH D M.D.
Address: 1075 MASON AVE
City-St-Zip: DAYTONA BEACH, FL 32117

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

Title: VP (X) Change () Addition
Name: BRYAN, JAMES M M.D.
Address: 1075 MASON AVE
City-St-Zip: DAYTONA BEACH, FL 32117

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

Title: AT (X) Change () Addition
Name: GILLESPIE, MARK C M.D.
Address: 1075 MASON AVE
City-St-Zip: DAYTONA BEACH, FL 32117

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: JOHN E. HECKERT

ADM

04/15/2009

Electronic Signature of Signing Officer or Director

Date