2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602564

Entity Name: ORTHOPAEDIC SPECIALTIES OF TAMPA BAY, P.A.

FILED Jan 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1011 JEFFORDS STREET SUITE C

CLEARWATER, FL 33756 US

New Mailing Address: Current Mailing Address:

% GEORGE A. MORRIS III, M.D. 1011JEFFORDS ST, SUITÉ C

CLEARWATER, FL 33756 CLEARWATER, FL 33756 US

FEI Number: 59-1306865 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

1011 JEFFORDS STREET

SUITE C

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MORRIS, GEORGE A M.D. MORRIS III, GEORGE A M.D. 1011 JEFFORDS ST 1011 JEFFORDS STREET SUITE C SUITE C CLEARWATER, FL 33756 US CLEARWATER, FL 33756 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: GEORGE A. MORRIS III, M.D. 01/14/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

Title: PTRD () Delete Title: PTRD MORRIS III, GEORGE A M.D. MORRIS III, GEORGE A M.D. Name: Name: 1011 JEFFORDS ST, SUITE C 1011 JEFFORDS STREET, SUITE C Address: Address: City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: CLEARWATER, FL 33756

Title: **VTR** Title: (X) Change () Addition () Delete Name: PIAZZA, MICHAEL R M.D. Name: PIAZZA, MICHAEL R M.D. 1011JEFFORDS ST, SUITE C 1011JEFFORDS STREET, SUITE C Address: Address: CLEARWATER, FL 33756 CLEARWATER, FL 33756 City-St-Zip: City-St-Zip:

() Delete Title: Title: (X) Change () Addition TTR RICHARD, ABDO V M.D. DAVIDSON, J. BYRON D.O. Name: Name: 1011 JEFFORDS ST. SUITE C 1011 JEFFORDS STREET, SUITE C Address: Address: City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: CLEARWATER, FL 33756

Title: STR () Delete Title: STR (X) Change () Addition HUGHES II, WILLARD A M.D. HUGHES II, WILLARD ALLEN M.D. Name: Name: Address: 1011 JEFFORDS ST, SUITE C Address: 1011 JEFFORDS STREET, SUITE C City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: CLEARWATER, FL 33756

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: GEORGE A. MORRIS III, M.D. **PTRD** 01/14/2009