

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 603328

FILED
Jan 21, 2009
Secretary of State

Entity Name: ORTHOPAEDIC & SPORTS MEDICINE CENTER OF MIAMI, P.A.

Current Principal Place of Business:

6701 SUNSET DR.
201
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 43-0430
MIAMI, FL 33243

New Mailing Address:

FEI Number: 59-1370925

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KALBAC, DANIEL G MD
P.O. 43-0430
MIAMI, FL 33243 US

Name and Address of New Registered Agent:

KALBAC, DANIEL G MD
6701 SUNSET DR.
SUITE #201
SOUTH MIAMI, FL 33143 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: _____

Electronic Signature of Registered Agent

01/21/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: KALBAC, DANIEL
Address: 6701 SUNSET DR., SUITE 201
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DANIEL G. KALBAC, MD

Electronic Signature of Signing Officer or Director

PRES

01/21/2009

Date