2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# 620474

Entity Name: MIAMI ORTHOPEDIC AND SURGICAL SERVICES, INC.

Current Principal Place of Business:

6187 N.W. 167 ST.
H-18
MIAMI, FL 33015 US

New Principal Place of Business:

Current Mailing Address:

930 BELLE MEADE ISLAND
MIAMI, FL 33138

New Mailing Address:

FEI Number: 59-1920151 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUMBERTSON, RALPH
6187 N.W. 167TH ST.
H-18
MIAMI, FL 33015 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: VS ( ) Delete
Name: HUMBERTSON, GRACE
Address: 930 BELLE MEADE ISLAND
City-St-Zip: MIAMI, FL

Title: PTD ( ) Delete
Name: HUMBERTSON, RALPH
Address: 930 BELLE MEADE ISLAND
City-St-Zip: MIAMI, FL

Title: M ( ) Delete
Name: HUMBERTSON, RALPH
Address: 930 BELLE MEADE ISLAND
City-St-Zip: MIAMI FL,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VS (X) Change ( ) Addition
Name: HUMBERTSON, GRACE
Address: 930 BELLE MEADE ISLAND
City-St-Zip: MIAMI, FL 33138

Title: PTD (X) Change ( ) Addition
Name: HUMBERTSON, RALPH PRES.
Address: 930 BELLE MEADE ISLAND
City-St-Zip: MIAMI, FL

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

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: RALPH J HUMBERTSON PRES 01/04/2007

Electronic Signature of Signing Officer or Director — Date