2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# 624839

Entity Name: CORAL REEF ORTHOPAEDIC ASSOCIATES, P.A.

Current Principal Place of Business:

9299 SW 152ND STREET
SUITE 104
VILLAGE OF PALMETTO BAY, FL 33157

New Principal Place of Business:

9299 SW 152ND STREET
SUITE 104
VILLAGE OF PALMETTO BAY, FL 33157 US

Current Mailing Address:

9299 SW 152ND STREET
SUITE 104
VILLAGE OF PALMETTO BAY, FL 33157

New Mailing Address:

9299 SW 152ND STREET
SUITE 104
VILLAGE OF PALMETTO BAY, FL 33157 US

FEI Number: 59-1924515 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLHEISER, PETER J., M.D.
9299 S.W. 152ND STRET
VILLAGE OF PALMETTO BAY, FL 33157 US

Name and Address of New Registered Agent:

MILLHEISER, PETER J M.D.
9299 S.W. 152ND STREET
SUITE 104
VILLAGE OF PALMETTO BAY, FL 33157 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: PETER J. MILLHEISER, M.D. 04/26/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MILLHEISER, PETER J.,MD
Address: 9299 SW 152 ST STE 104
City-St-Zip: VILLAGE OF PALMETTO BAY, FL 33157

Title: S ( ) Delete
Name: MILLHEISER, MARIA
Address: 9299 SW 152 ST STE 104
City-St-Zip: VILLAGE OF PALMETTO BAY, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MILLHEISER, PETER J M.D.
Address: 9299 SW 152ND STREET SUITE 104
City-St-Zip: VILLAGE OF PALMETTO BAY, FL 33157 US

Title: S (X) Change ( ) Addition
Name: MILLHEISER, MARIA
Address: 9299 SW 152ND STREET SUITE 104
City-St-Zip: VILLAGE OF PALMETTO BAY, FL 33157 US

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: PETER J. MILLHEISER, M.D. P 04/26/2009
Electronic Signature of Signing Officer or Director Date