

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 671739

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: ORTHOPAEDIC ASSOCIATES OF BROWARD, INC.

## Current Principal Place of Business:

3660 GRANDVIEW PARKWAY  
SUITE 200  
BIRMINGHAM, AL 35243

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 380546  
BIRMINGHAM, AL 35238

## New Mailing Address:

FEI Number: 59-1997926

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: CPD ( ) Delete  
Name: GRINNEY, JAY  
Address: 3660 GRANDVIEW PARKWAY, SUITE 200  
City-St-Zip: BIRMINGHAM, AL 35243

Title: VDT ( ) Delete  
Name: WORKMAN, JOHN  
Address: 3660 GRANDVIEW PARKWAY, SUITE 200  
City-St-Zip: BIRMINGHAM, AL 35243

Title: VSD ( ) Delete  
Name: WHITTINGTON, JOHN P  
Address: 3660 GRANDVIEW PARKWAY, SUITE 200  
City-St-Zip: BIRMINGHAM, AL 35243

Title: V ( ) Delete  
Name: MCANDREWS, JAMES P III  
Address: 3660 GRANDVIEW PARKWAY, SUITE 200  
City-St-Zip: BIRMINGHAM, AL 35243

Title: AS ( ) Delete  
Name: LECKY, DONNA M  
Address: 3660 GRANDVIEW PARKWAY, SUITE 200  
City-St-Zip: BIRMINGHAM, AL 35243

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPD (X) Change ( ) Addition  
Name: TARR, MARK  
Address: 3660 GRANDVIEW PARKWAY, SUITE 200  
City-St-Zip: BIRMINGHAM, AL 35243

Title: VD (X) Change ( ) Addition  
Name: WORKMAN, JOHN  
Address: 3660 GRANDVIEW PARKWAY, SUITE 200  
City-St-Zip: BIRMINGHAM, AL 35243

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

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

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

Title: T ( ) Change (X) Addition  
Name: FAY, EDMUND  
Address: 3660 GRANDVIEW PARKWAY, SUITE 200  
City-St-Zip: BIRMINGHAM, AL 35243

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: DONNA M LECKY

AS

04/20/2009

Electronic Signature of Signing Officer or Director

Date