

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 671739

FILED
Mar 16, 2011
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

OFFICERS AND DIRECTORS:

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

Title: AS
Name: MURVIN, SANDRA W
Address: 3660 GRANDVIEW PARKWAY, SUITE 200
City-St-Zip: BIRMINGHAM, AL 35243

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

Title: V
Name: WISNER, ROBERT M
Address: 3660 GRANDVIEW PARKWAY, SUITE 200
City-St-Zip: BIRMINGHAM, AL 35243

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

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

I hereby 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 all other like empowered.

SIGNATURE: DONNA M. LECKY

AS

03/16/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date