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: New Principal Place of Business:

3660 GRANDVIEW PARKWAY SUITE 200 BIRMINGHAM, AL 35243

Current Mailing Address: New Mailing Address:

P.O. BOX 380546 BIRMINGHAM, AL 35238

FEI Number: 59-1997926 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 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: \

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:

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