

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001787

FILED  
Apr 16, 2008  
Secretary of State

**Entity Name:** THE ORTHOPAEDIC AND SPORTS MEDICINE CENTER OF CAMDEN, P.C.

**Current Principal Place of Business:**

2040 DAN PROCTOR DR.  
SUITE 120  
ST. MARYS, GA 31558

**New Principal Place of Business:**

64 ANDREWS WAY  
KINGSLAND, GA 31548

**Current Mailing Address:**

2040 DAN PROCTOR DR.  
SUITE 120  
ST. MARYS, GA 31558

**New Mailing Address:**

64 ANDREWS WAY  
KINGSLAND, GA 31548

**FEI Number:** 32-0118439

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FARMAND, TERRY  
303 CENTRE ST. STE 201  
FERNANDINA BEACH, FL 32034 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: CHRM ( ) Delete  
Name: FELIX, NANCY A  
Address: 2040 DAN PROCTOR DR. SUITE 120  
City-St-Zip: ST. MARYS, GA 31558

Title: PSTD ( ) Delete  
Name: FELIX, NANCY A  
Address: 2040 DAN PROCTOR DR. SUITE 120  
City-St-Zip: ST. MARYS, GA 31558

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CHRM (X) Change ( ) Addition  
Name: FELIX, NANCY A  
Address: 64 ANDREWS WAY  
City-St-Zip: KINGSLAND, GA 31548

Title: PSTD (X) Change ( ) Addition  
Name: FELIX, NANCY A  
Address: 64 ANDREWS WAY  
City-St-Zip: KINGSLAND, GA 31548

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: NANCY A. FELIX

PRES

04/16/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date