

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000003392

**FILED**  
**Feb 20, 2012**  
**Secretary of State**

**Entity Name:** MINNEAPOLIS ORTHOPAEDICS, LTD CORPORATION

**Current Principal Place of Business:**

3501 HEALTH CENTER BOULEVARD, SUITE 2120B  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

3501 HEALTH CENTER BOULEVARD, SUITE 2120B  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

FEI Number: 41-0985748

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BECKER, DOUGLAS A MD  
9776 BONITA BEACH ROAD  
SUITE 202B  
BONITA SPRINGS, FL 34135 US

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

BECKER, DOUGLAS A MD  
3501 HEALTH CENTER BOULEVARD  
SUITE 2120  
BONITA SPRINGS, FL 34135 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

02/20/2012

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BECKER, DOUGLAS A MD  
Address: 385 SHELL DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34134

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: DOUGLAS A BECKER, MD

Electronic Signature of Signing Officer or Director

P

02/20/2012

Date