2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001604

Entity Name: ORTHOPARTNERS, INC.

FILED Feb 18, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6333 N ORANGE BLOSSOM TRAIL 2301 MAITLAND CENTER PKWY STE 220

SUITE 140

ORLANDO, FL 32810 ORLANDO, FL 32751

New Mailing Address: Current Mailing Address:

PO BOX 607129 ORLANDO, FL 32860

FEI Number: 33-0846785 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:

NRAI SERVICES, INC 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCFO

Name: KERR, DAVID C

8761 THE ESPLANADE PENTHOUSE 31 Address:

City-St-Zip: ORLANDO, FL 32836

Title:

ARELLANO, GEORGE A Name:

6333 N. ORANGE BLOSSOM TRAIL SUITE 220 Address:

ORLANDO, FL 32810 City-St-Zip:

Title: DV

SCHWENN, SHANNON R Name:

6333 N. ORANGE BLOSSOM TRAIL SUITE 220 Address:

City-St-Zip: ORLANDO, FL 32810

Title:

KERR, MARY ANN Name:

Address: 8761 THE ESPLANADE PENTHOUSE 31

City-St-Zip: ORLANDO, FL 32836

Title:

Name: GUSTAVSON, WILLIAM P

2301 MAITLAND CENTER PKWY SUITE 140 Address:

City-St-Zip: MAITLAND, FL 32751

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: GEORGE ARELLANO **CFO** 02/18/2010