2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2010
Secretary of State

DOCUMENT# G61950

Entity Name: TRI-COUNTY ORTHOPAEDICS, P.A.

Current Principal Place of Business:

317 N MANGOUSTINE AVE
SANFORD, FL 32771 US

New Principal Place of Business:

Current Mailing Address:

317 N MANGOUSTINE AVE
SANFORD, FL 32771 US

New Mailing Address:

FEI Number: 59-2322787 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AUJLA, NARINDER, S.
317 N. MANGOUSTINE AVE.
SANFORD, FL 32771 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: PD
Name: AUJLA, NARINDER, S.
Address: 317 N. MANGOUSTINE AVE.
City-St-Zip: SANFORD, FL 32771

Title: T
Name: AUJLA, NARINDER S.
Address: 317 NORTH MANGOUSTINE AVENUE
City-St-Zip: SANFORD, FL 32771

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: NARINDER S. AUJLA, MD PD 02/24/2010

Electronic Signature of Signing Officer or Director Date