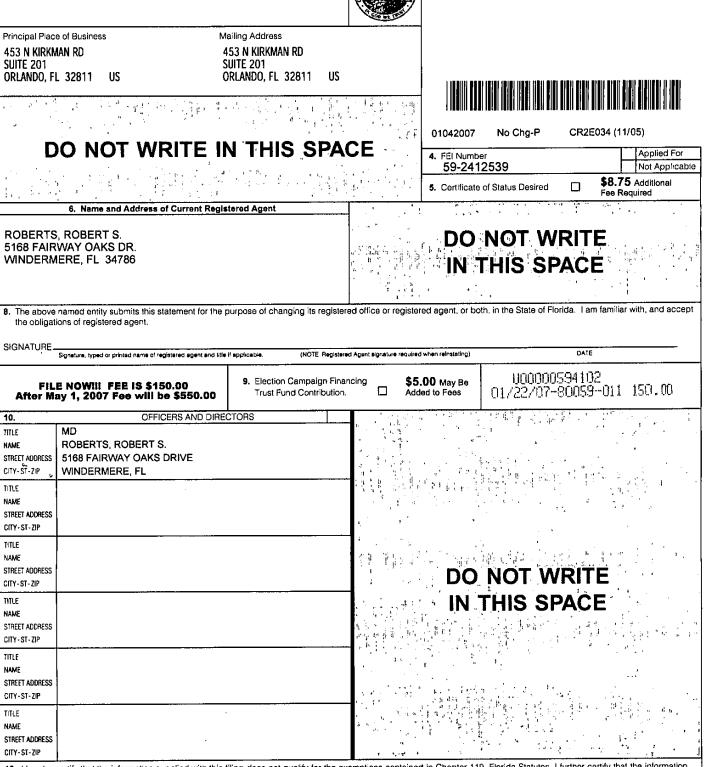
2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # G88114 1. Entity Name ROBERTS ORTHOPAEDIC CLINIC, P.A. Principal Place of Business Mailing Address 453 N KIRKMAN RD 453 N KIRKMAN RD SUITE 201 **SUITE 201** ORLANDO, FL 32811 ORLANDO, FL 32811 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent

FILED Jan 22, 2007 08:00 AM **Secretary of State**



12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: