

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H08745

FILED
Jun 14, 2011
Secretary of State

Entity Name: SOUTH DADE ORTHOPAEDIC ASSOCIATES, P.A.

Current Principal Place of Business:

7867 N KENDALL DRIVE
STE 130
MIAMI, FL 33156

New Principal Place of Business:

2525 PONCE DE LEON BOULEVARD
FIFTH FLOOR
CORAL GABLES, FL 33134

Current Mailing Address:

7867 N KENDALL DRIVE
SUITE #130
MIAMI, FL 33156

New Mailing Address:

2525 PONCE DE LEON BOULEVARD
FIFTH FLOOR
CORAL GABLES, FL 33134

FEI Number: 59-2417574

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANG, ELLIOT N MD
7867 N KENDALL DRIVE
SUITE #130
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

SPRITZER, MICHAEL
2525 PONCE DE LEON BOULEVARD
FIFTH FLOOR
CORAL GABLES, FL 33134 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: MICHAEL SPRITZER

06/14/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: LANG, ELLIOT N M.D.
Address: 7867 N. KENDALL DRIVE STE 130
City-St-Zip: MIAMI, FL 33156

Title: DVST
Name: EVANS, THEODORE A M.D.
Address: 7867 N. KENDALL DRIVE STE 130
City-St-Zip: MIAMI, FL 33156

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: ELLIOT N. LANG

DP

06/14/2011

Electronic Signature of Signing Officer or Director

Date