2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J51957

Entity Name: ORTHOPAEDIC HOME CARE, INC.

FILED Apr 27, 2007 Secretary of State

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

7000 S SYLVAN LAKE DRIVE 7000 SOUTH SYLVAN LAKE DRIVE

SANFORD, FL 327719050 SANFORD, FL 32771

Current Mailing Address: New Mailing Address:

7000 S SYLVAN LAKE DRIVE 7000 SOUTH SYLVAN LAKE DRIVE

SANFORD, FL 327719050 SANFORD, FL 32771

FEI Number: 59-2772031 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:

BIELING, ROSS
7000 S SVI VAN LAKE DRIVE
7000 S OUTH SVI VAN LAKE DR

7000 S SYLVAN LAKE DRIVE 7000 SOUTH SYLVAN LAKE DRIVE SANFORD, FL 32771 US SANFORD, FL 32771 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: ROSS P. BIELING 04/27/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: BIELING, ROSS PARKER, Address: 7000 S SYLVAN LAKE DR BIELING, ROSS PARKER, Address: 7000 SOUTH SYLVAN LAKE DR

City-St-Zip: SANFORD, FL City-St-Zip: SANFORD, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROSS P. BIELING CEO 04/27/2007