

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L44691

FILED
Apr 30, 2008
Secretary of State

Entity Name: GOLDEN ORTHOPAEDIC KNEE AND SPORTS MEDICINE CENTER, INC.

Current Principal Place of Business:

13590 JOG ROAD
SUITE 7
DELRAY BEACH, FL 33446 US

New Principal Place of Business:

9970 CENTRAL PARK BLVD S.
SUITE 300
BOCA RATON, FL 33428 US

Current Mailing Address:

818 NE 76TH STREET
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 65-0169490 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDEN, MARC D.
818 NE 76TH STREET
BOCA RATON, FL 33487 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: PRES () Delete
Name: GOLDEN, MARC DR.
Address: 818 NE 76TH STREET
City-St-Zip: BOCA RATON, FL 33487

Title: TREA () Delete
Name: GOLDEN, JULIE
Address: 818 NE 76TH STREET
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARC D. GOLDEN

PRES

04/30/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date