2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# L51317

Entity Name: OCALA ORTHOPAEDIC GROUP, P.A.

Current Principal Place of Business:

1015 S.E.17TH ST
STE. 100
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

1015 S.E.17TH ST
STE. 100
OCALA, FL 34471 US

New Mailing Address:

FEI Number: 59-2997500 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CANNON MD, O.F.
1015 SE 17TH ST
STE 100
OCALA, FL 34471 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: P ( ) Delete
Name: CANNON, O., F.,
Address: 1015 SE 17TH STREET #100
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CANNON, O., F.,
Address: 1015 SE 17TH STREET #100
City-St-Zip: OCALA, FL 34471 US

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: O. F. CANNON, M.D. P 01/28/2009

Electronic Signature of Signing Officer or Director Date