2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# N06000007616

Entity Name: TALLAHASSEE ORTHOPEDIC CLINIC FOUNDATION, INC.

Current Principal Place of Business:

3334 CAPITAL MEDICAL BOULEVARD
SUITE 600
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

3334 CAPITAL MEDICAL BOULEVARD
SUITE 600
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 20-5292321 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHIPMAN, MARTIN
3334 CAPITAL MEDICAL BOULEVARD
SUITE 600
TALLAHASSEE, FL 32308 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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HANEY, TOM C M.D.
Address: 3334 CAPITAL MEDICAL BOULEVARD
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: THOMPSON, WILLIAM H M.D.
Address: 3334 CAPITAL MEDICAL BOULEVARD
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: BELLAMY, DAVID A M.D.
Address: 3334 CAPITAL MEDICAL BOULEVARD
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: FAHEY, MARK E M.D.
Address: 3334 CAPITAL MEDICAL BOULEVARD
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: WONG, ANDREW M M.D.
Address: 3334 CAPITAL MEDICAL BOULEVARD
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM HANEY MD 01/30/2009

Electronic Signature of Signing Officer or Director — Date