

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000000690

FILED
Apr 21, 2011
Secretary of State

Entity Name: SOUTH CAROLINA ASSOCIATION OF ORTHOPAEDIC EXECUTIVES, INC.

Current Principal Place of Business:

17503 MALLARD COURT
LUTZ, FL 33559

New Principal Place of Business:

Current Mailing Address:

17503 MALLARD COURT
LUTZ, FL 33559

New Mailing Address:

FEI Number: 26-4097851

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COBBE, FRASER C
17503 MALLARD COURT
LUTZ, FL 33559 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: PP
Name: ROPER, KELLY
Address: 1330 BOILING SPRINGS ROAD STE 1600
City-St-Zip: SPARTANBURG, SC 29307

Title: P
Name: MANSFIELD, PETER
Address: 2376 CYPRESS CIRCLE, STE 300
City-St-Zip: CONWAY, SC 29526 US

Title: PE
Name: BUTLER, CARL
Address: 2880 TRICOM STREET
City-St-Zip: NORTH CHARLESTON, SC 29406

Title: T
Name: ELKINS, MARY
Address: 134 PROFESSIONAL PARK DRIVE
City-St-Zip: ROCK HILL, SC 29732

Title: ED
Name: COBBE, FRASER
Address: 17503 MALLARD COURT
City-St-Zip: LUTZ, FL 33559

Title: S
Name: MCCRAW, ANN MARGARET
Address: 1910 BLANDING STREET
City-St-Zip: COLUMBIA, SC 29201

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

SIGNATURE: FRASER COBBE

ED

04/21/2011

Electronic Signature of Signing Officer or Director

Date