

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N33066

**FILED**  
**Mar 31, 2010**  
**Secretary of State**

**Entity Name:** ORTHOPEDIC EDUCATION FOUNDATION, INC.

**Current Principal Place of Business:**

2501 NORTH ORANGE AVE  
340  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

2501 NORTH ORANGE AVE  
340  
ORLANDO, FL 32804

**New Mailing Address:**

**FEI Number:** 59-2961726

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COLE, J. DEAN M.D.  
2501 NO ORANGE AVE  
340  
ORLANDO, FL 32804 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: PD  
Name: COLE, J. DEAN M.D.  
Address: 2501 N ORANGE AVE, # 340  
City-St-Zip: ORLANDO, FL 32804

Title: DST  
Name: BATCHELOR, DEBBIE  
Address: 2501 N ORANGE AVE 340  
City-St-Zip: ORLANDO, FL 32804

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: DEBBIE BATCHELOR

DST

03/31/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date