
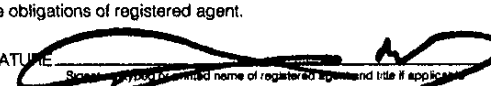


**2007-NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000003393</b>		
1. Entity Name <b>ARTHRITIS SURGERY RESEARCH FOUNDATION, INC.</b>		
Principal Place of Business <b>3661 S. MIAMI AVE., STE 610 MIAMI, FL 33133 US</b>		Mailing Address <b>3661 S. MIAMI AVE., STE 610 MIAMI, FL 33133 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>LAVERNIA, CARLOS J MD 3661 S. MIAMI AVE., STE 610 MIAMI, FL 33133</b>		<b>DO NOT WRITE IN THIS SPACE</b>
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE:  <b>Carlos J. LAVERNIA</b> 1/5/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000578970 01/09/07-80051-004 61.25
TITLE	D	<b>DO NOT WRITE IN THIS SPACE</b>
NAME	LAVERNIA, CARLOS J MD	
STREET ADDRESS	3659 S. MIAMI AVE., STE 4008	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	D	
NAME	TORRES, ALEX M	
STREET ADDRESS	2333 1ST AVENUE, STE 102	<b>DO NOT WRITE IN THIS SPACE</b>
CITY-ST-ZIP	SAN DIEGO, CA 92101	
TITLE	D	
NAME	LAVERNIA, ENRIQUE	
STREET ADDRESS	1412 TREASURE LANE	
CITY-ST-ZIP	SANTA ANA, CA 92705	
TITLE	D	<b>DO NOT WRITE IN THIS SPACE</b>
NAME	LEGASPI, ADRIAN M.D.	
STREET ADDRESS	4306 ALTON ROAD, 3RD FLOOR	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE		
NAME		
STREET ADDRESS		<b>DO NOT WRITE IN THIS SPACE</b>
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <b>Carlos J. LAVERNIA</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 1/5/07 Daytime Phone #: 305-285-5085