2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2012
Secretary of State

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Entity Name: ARTHRITIS SURGERY RESEARCH FOUNDATION, INC.

Current Principal Place of Business:

3661 S. MIAMI AVE., STE 610
MIAMI, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

3661 S. MIAMI AVE., STE 610
MIAMI, FL 33133 US

New Mailing Address:

FEI Number: 65-0797507 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAVERNIA, CARLOS J MD
3661 S. MIAMI AVE., STE 610
MIAMI, FL 33133 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
Name: LAVERNIA, CARLOS J MD
Address: 3659 S. MIAMI AVE., STE 4008
City-St-Zip: MIAMI, FL 33133

Title: D
Name: TORRES, ALEX M
Address: 2333 1ST AVENUE, STE 102
City-St-Zip: SAN DIEGO, CA 92101

Title: D
Name: LAVERNIA, ENRIQUE
Address: 3715 ASCADA PLACE
City-St-Zip: DAVIS, CA 95618

Title: D
Name: LEGASPI, ADRIAN M.D.
Address: 4306 ALTON ROAD, 3RD FLOOR
City-St-Zip: MIAMI BEACH, FL 33140

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: CARLOS J. LAVERNIA DR 01/20/2012

Electronic Signature of Signing Officer or Director Date