2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# N99000000371

Entity Name: FOUNDATION FOR ORTHOPAEDIC RESEARCH AND EDUCATION, INC.

Current Principal Place of Business:

13020 TELECOM PARKWAY NORTH
TEMPLE TERRACE, FL 33637

New Principal Place of Business:

Current Mailing Address:

13020 TELECOM PARKWAY NORTH
TEMPLE TERRACE, FL 33637

New Mailing Address:

FEI Number: 59-3555349 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANDERS, ROY W M.D.
13020 TELECOM PARKWAY NORTH
TEMPLE TERRACE, FL 33637 US

Name and Address of New Registered Agent:

PUPELLO, DEREK CEO
13020 TELECOM PARKWAY NORTH
TEMPLE TERRACE, FL 33637 US

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: DEREK PUPELLO 02/25/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SANDERS, ROY M.D.
Address: 13020 TELECOM PKWY N
City-St-Zip: TEMPLE TERRACE, FL 336370925

Title: D ( ) Delete
Name: WALLING, ARTHUR M.D.
Address: 13020 TELECOM PKWY N
City-St-Zip: TEMPLE TERRACE, FL 336370925

Title: D ( ) Delete
Name: GUSTKE, KENNETH M.D.
Address: 13020 TELECOM PKWY N
City-St-Zip: TEMPLE TERRACE, FL 336370925

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MIGHELL, MARK M.D.
Address: 13020 TELECOM PKWY N
City-St-Zip: TEMPLE TERRACE, FL 336370925

Title: D (X) Change ( ) Addition
Name: SUTTERLIN, CHET M.D.
Address: PO BOX 100265
City-St-Zip: GAINESVILLE, FL 336370925

Title: D (X) Change ( ) Addition
Name: CAHILL, JACK
Address: 13020 TELECOM PKWY N
City-St-Zip: TEMPLE TERRACE, FL 336370925

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: MARK MIGHELL MD 02/25/2009
Electronic Signature of Signing Officer or Director Date