2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000052287

Entity Name: ORTHOPEDIC SPECIALISTS OF SW FLORIDA, P.A.

FILED Jan 08, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2531 CLEVELAND AVE. STE#1 FT. MYERS, FL 33901 **Current Mailing Address: New Mailing Address:** 2531 CLEVELAND AVE. STE #1 FT. MYERS, FL 33901 FEI Number: 65-1011457 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SINGER, MICHAEL S ESQ. 3801 PGA BOULEVARD SUITE 604 PALM BEACH GARDENS, FL 33410 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition GARDNER, RONALD D Name: Name: 2531 CLEVELAND AVE. Address: Address: City-St-Zip: FT. MYERS, FL 33901 City-St-Zip: Title: Title: () Delete () Change () Addition Name: RICHARDS, PAUL J Name: 21 FALCONWOOD CT Address: Address: FORT MYERS, FL 33919 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition FUCHS, PAUL D Name: Name: 14941 CENTER ST. Address: Address: City-St-Zip: FT. MYERS, FL 33905 City-St-Zip: Title: () Delete Title: () Change () Addition SPRINGER, CHARLES P Name: Name: Address: 2531 CLEVELAND AVE STE 1 Address: City-St-Zip: FORT MYERS, FL 33901 City-St-Zip: Title: Title: () Delete () Change () Addition FLORES, ANTONIO J Name: Name: 13681 PARK CREST BLVD, APT 638 Address: Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: Title: () Delete Title: () Change () Addition REYNOLDS, FLETCHER A Name: Name: Address: 2807 SE 19TH PLACE Address: City-St-Zip: City-St-Zip: CAPE CORAL, FL 33904

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

SIGNATURE: RONALD GARDNER D 01/08/2009