

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000080737

FILED
Jan 05, 2011
Secretary of State

Entity Name: ORTHOPEDIC SPECIALTY CARE CENTER, P.A.

Current Principal Place of Business:

24231 WALDEN CENTER DRIVE
STE 201
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

24231 WALDEN CENTER DRIVE
STE 201
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 59-3667470

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERETTA, ALDO R MD
24231 WALDEN CENTER DRIVE
STE 201
BONITA SPRINGS, FL 34134 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: BERETTA, ALDO R M.D.
Address: 24231 WALDEN CENTER DRIVE SUITE 201
City-St-Zip: BONITA SPRINGS, FL 34134

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

SIGNATURE: ALDO R BERETTA MD

D

01/05/2011

Electronic Signature of Signing Officer or Director

Date