2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2011
Secretary of State

DOCUMENT# P00000081984

Entity Name: EAST COAST ORTHOPAEDICS, P.A.

Current Principal Place of Business:

1201 EAST SAMPLE ROAD
POMPANO BEACH, FL 33064

New Principal Place of Business:

1201 EAST SAMPLE ROAD
2ND FLOOR
POMPANO BEACH, FL 33064 US

Current Mailing Address:

1201 EAST SAMPLE ROAD
POMPANO BEACH, FL 33064

New Mailing Address:

1201 EAST SAMPLE ROAD
2ND FLOOR
POMPANO BEACH, FL 33064 US

FEI Number: 65-1039722 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LARCOMBE, VALERIE G
PHILLIPS POINT, EAST TOWER
777 SOUTH FLAGLER DRIVE, SUITE 900
WEST PALM BEACH, FL 33401 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: NAIDE, STEVEN E M.D.
Address: 1201 EAST SAMPLE ROAD
City-St-Zip: POMPANO BEACH, FL 33064 US

Title: D
Name: JANKE, BRUCE E M.D.
Address: 1201 EAST SAMPLE ROAD
City-St-Zip: POMPANO BEACH, FL 33064 US

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: BRUCE E JANKE, MD D 03/17/2011

Electronic Signature of Signing Officer or Director — Date