

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000092955

FILED
Feb 20, 2008
Secretary of State

Entity Name: SOUTH FLORIDA HAND AND ORTHOPAEDIC CENTER, P.A.

Current Principal Place of Business:

2900 NORTH MILITARY TRAIL
SUITE 230
BOCA RATON, FL 33431

New Principal Place of Business:

1905 CLINT MOORE RD.
SUITE 105
BOCA RATON, FL 33496

Current Mailing Address:

2900 NORTH MILITARY TRAIL
SUITE 230
BOCA RATON, FL 33431

New Mailing Address:

1905 CLINT MOORE RD.
SUITE 105
BOCA RATON, FL 33496

FEI Number: 65-1043814

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARROD, KENNETH
2900 NORTH MILITARY TRAIL
SUITE 230
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

GARROD, KENNETH
1905 CLINT MOORE RD.
SUITE 105
BOCA RATON, FL 33496 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:

02/20/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GARROD, KENNETH J M.D.
Address: 2900 NORTH MILITARY TRAIL SUITE 230
City-St-Zip: BOCA RATON, FL 33431

Title: M () Delete
Name: GARROD, BETH L
Address: 2900 NORTH MILITARY TRAIL SUITE 230
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GARROD, KENNETH J M.D.
Address: 1905 CLINT MOORE RD. SUITE 105
City-St-Zip: BOCA RATON, FL 33496

Title: M (X) Change () Addition
Name: GARROD, BETH L
Address: 1905 CLINT MOORE RD. SUITE 105
City-St-Zip: BOCA RATON, FL 33496

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: BETH GARROD

MS

02/20/2008

Electronic Signature of Signing Officer or Director

Date