2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# P00000102178

Entity Name: A. AND A. ORTHOPEDICS, INC.

Current Principal Place of Business:

12250 SW 129 CT
MIAMI, FL 33186

New Principal Place of Business:

12250 SW 129 CT
SUITE 101
MIAMI, FL 33186

Current Mailing Address:

P O BOX 441645
MIAMI, FL 33144

New Mailing Address:

12250 SW 129 CT
SUITE 101
MIAMI, FL 33186

FEI Number: 65-1068492 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

UGARTE, MIGDALIA
12250 SW 129 CT
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

UGARTE, MIGDALIA
12250 SW 129 CT
SUITE 101
MIAMI, FL 33186 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: MIGDALIA UGARTE 01/30/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: UGARTY, MYDALIA
Address: 12250 SW 129 CT STE 101
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: UGARTE, MIGDALIA
Address: 12250 SW 129 CT STE 101
City-St-Zip: MIAMI, FL 33186

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: MIGDALIA UGARTE PRS. 01/30/2009
Electronic Signature of Signing Officer or Director Date