

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000052818

FILED
Apr 16, 2009
Secretary of State

Entity Name: SAND HILL BONE & JOINT, INC.

Current Principal Place of Business:

1601 WEST TIMBERLANE DR STE 500
PLANT CITY, FL 33567

New Principal Place of Business:

511 W. ALEXANDER ST.
PLANT CITY, FL 33563

Current Mailing Address:

P.O. BOX 2065
PLANT CITY, FL 33567

New Mailing Address:

FEI Number: 59-3721012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AEBEL, ERIN
101 E. KENNEDY BLVD.
SUITE 2800
TAMPA, FL 33602 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: OTT, SUSAN M DR
Address: 2715 ASTON AVE
City-St-Zip: PLANT CITY, FL 33566

Title: COO () Delete
Name: OTT, SUSAN M DR
Address: 2715 ASTON AVE
City-St-Zip: PLANT CITY, FL 33566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SUSAN OTT DR

CEO

04/16/2009

Electronic Signature of Signing Officer or Director

Date