2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# P02000045079

Entity Name: MIAMI CENTER OF ORTHOPEDICS, INC.

Current Principal Place of Business:

7374 S.W. 93 AVENUE
SUITE201
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

7374 S.W 93 AVENUE
SUITE201
MIAMI, FL 33173

New Mailing Address:

7374 S.W. 93 AVENUE
SUITE201
MIAMI, FL 33173

FEI Number: 01-0673376 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARILYN ALFARO
7374 S.W. 93 AVENU
FLORIDA
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

MARILYN ALFARO
7374 S.W. 93 AVENUE
FLORIDA
MIAMI, FL 33173 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: MARILYN ALFARO 04/16/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: ALFARO, MARILYN R
Address: 3197 SW 111 AVE.
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MARILYN ALFARO MRS 04/16/2009
Electronic Signature of Signing Officer or Director Date