

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000050308

FILED
Apr 15, 2008
Secretary of State

Entity Name: ORLANDO SPORTS MEDICINE GROUP, INC.

Current Principal Place of Business:

12780 WATERFORD LAKES PARKWAY
SUITE 115
ORLANDO, FL 32828

New Principal Place of Business:

Current Mailing Address:

12780 WATERFORD LAKES PARKWAY
SUITE 115
ORLANDO, FL 32828

New Mailing Address:

FEI Number: 35-2170400

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENO, ERIC D
12780 WATERFORD LAKES PARKWAY
SUITE 115
ORLANDO, FL 32828 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: D () Delete
Name: GREENO, ERIC D
Address: 4520 FONTANA STREET
City-St-Zip: ORLANDO, FL 32807

Title: D () Delete
Name: BIAGGI, WILLIAM
Address: 9815 BRODBECK BLVD
City-St-Zip: ORLANDO, FL 32832

Title: D () Delete
Name: PRATHER, WILLIAM R
Address: 1732 ELSA STREET
City-St-Zip: ORLANDO, FL 32806

Title: D () Delete
Name: SOCAS, JOHN
Address: 11154 PARK AVENUE
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: WILLIAM BIAGGI

VP

04/15/2008

Electronic Signature of Signing Officer or Director

Date