

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000082548

FILED
Mar 21, 2009
Secretary of State

Entity Name: ORTHOPAEDIC ASSOCIATES USA, P.A.

Current Principal Place of Business:

350 N. PINE ISLAND
FORT LAUDERDALE, FL 33324

New Principal Place of Business:

350 N. PINE ISLAND
SUITE 200
PLANTATION, FL 33324

Current Mailing Address:

350 N. PINE ISLAND
FORT LAUDERDALE, FL 33324

New Mailing Address:

350 N. PINE ISLAND
SUITE 200
PLANTATION, FL 33324

FEI Number: 20-0127825

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: BAYLIS, ROBERT
Address: 736 INTRACOASTAL DR
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: DP () Delete
Name: BROWN, CHRISTOPHER
Address: 350 N. PINE ISLAND
City-St-Zip: FORT LAUDERDALE, FL 33324

Title: D () Delete
Name: KELMAN, GARY
Address: 350 N. PINE ISLAND
City-St-Zip: FORT LAUDERDALE, FL 33324

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BAYLIS, ROBERT
Address: 350 N. PINE ISLAND, SUITE 200
City-St-Zip: PLANTATION, FL 33324

Title: DP (X) Change () Addition
Name: BROWN, CHRISTOPHER
Address: 350 N. PINE ISLAND, SUITE 200
City-St-Zip: PLANTATION, FL 33324

Title: D (X) Change () Addition
Name: KELMAN, GARY
Address: 350 N. PINE ISLAND, SUITE 200
City-St-Zip: PLANTATION, FL 33324

Title: D () Change (X) Addition
Name: HERSCH, JONATHAN
Address: 350 N. PINE ISLAND, SUITE 200
City-St-Zip: PLANTATION, FL 33324

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: JONATHAN HERSCH

D

03/21/2009

Electronic Signature of Signing Officer or Director

Date