2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2011
Secretary of State

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Entity Name: ORTHOPAEDIC ASSOCIATES USA, P.A.

Current Principal Place of Business:

350 N. PINE ISLAND
SUITE 200
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

350 N. PINE ISLAND
SUITE 200
PLANTATION, FL 33324

New Mailing Address:

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

OFFICERS AND DIRECTORS:

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: DIANE BOWERS COO 04/28/2011

Electronic Signature of Signing Officer or Director Date