

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000070141

FILED
Feb 15, 2008
Secretary of State

Entity Name: LONGEVITY ORTHOPEDIC SERVICES, INC

Current Principal Place of Business:

8059 MACTAVISH WAY W
JACKSONVILLE, FL 32244

New Principal Place of Business:

1971 ROSE MALLOW LN
ORANGE PARK, FL 32003

Current Mailing Address:

8059 MACTAVISH WAY W
JACKSONVILLE, FL 32244

New Mailing Address:

1971 ROSE MALLOW LN
ORANGE PARK, FL 32003

FEI Number: 20-1035719

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARELARE, NORMAN L
8059 MACTAVISH WAY W
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

BARELARE, NORMAN L
1971 ROSE MALLOW LN
ORANGE PARK FL, FL 32003 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:

02/15/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: BARELARE, NORMAN L
Address: 8059 MACTAVISH WAY W
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: DVS () Delete
Name: BARELARE, KIMBERLEY J
Address: 8059 MACTAVISH WAY WEST
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: BARELARE, NORMAN L
Address: 1971 ROSE MALLOW LN
City-St-Zip: ORANGE PARK, FL 32003 US

Title: DVS (X) Change () Addition
Name: BARELARE, KIMBERLEY J
Address: 1971 ROSE MALLOW LN
City-St-Zip: ORANGE PARK, FL 32003

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: KIMBERLEY BARELARE

VP

02/15/2008

Electronic Signature of Signing Officer or Director

Date