2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2011
Secretary of State

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Entity Name: LONGEVITY ORTHOPEDIC SERVICES, INC

Current Principal Place of Business:

1971 ROSE MALLOW LN
FLEMING ISLAND, FL 32003

New Principal Place of Business:

Current Mailing Address:

1971 ROSE MALLOW LN
FLEMING ISLAND, FL 32003

New Mailing Address:

FEI Number: 20-1035719 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BARELARE, NORMAN L
1971 ROSE MALLOW LN
FLEMING ISLAND, FL 32003 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: DPT
Name: BARELARE, NORMAN L
Address: 1971 ROSE MALLOW LN
City-St-Zip: FLEMING ISLAND, FL 32003 US

Title: DVS
Name: BARELARE, KIMBERLEY J
Address: 1971 ROSE MALLOW LN
City-St-Zip: FLEMING ISLAND, FL 32003

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: KIM BARELARE VP 01/11/2011

Electronic Signature of Signing Officer or Director — Date