2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# P04000089548

Entity Name: ORTHOPAEDIC SPECIALISTS OF BREVARD, P.A.

Current Principal Place of Business:

2290 WEST EAU GALLIE BLVD SUITE 205A
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

2290 WEST EAU GALLIE BLVD SUITE 205A
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 20-1212440 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AKEL, EDWARD C
1 INDEPENDENT DRIVE SUITE 2301
JACKSONVILLE, FL 32202 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: ASHBERG, LYALL J MD
Address: 2290 WEST EAU GALLIE BLVD SUITE 205A
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition
Name: ASHBERG, LYALL J MD
Address: 2290 WEST EAU GALLIE BLVD SUITE 205A
City-St-Zip: MELBOURNE, FL 32935

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LYALL ASHBERG DR. 04/29/2005

Electronic Signature of Signing Officer or Director — Date