2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008
Secretary of State

DOCUMENT# P05000012160

Entity Name: FLORIDA ORTHOPEDIC SOLUTIONS,INC.

Current Principal Place of Business:

561 NW. GRENADA ST.
PORT ST. LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

561 NW. GRENADA ST.
PORT ST. LUCIE, FL 34983

New Mailing Address:

FEI Number: 20-2219429 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDREWS, LOUIS
9836 W. SAMPLE RD.
CORAL SPRINGS, FL 33605 US

Name and Address of New Registered Agent:

PEDRO, MIRANDA
561 NW. GRENADA ST.
PORT ST.LUCIE, FL 34983 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: PEDRO MIRANDA 03/05/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MIRANDA, PEDRO
Address: 561NW. GRENADA ST.
City-St-Zip: PORT ST. LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: PEDRO MIRANDA P 03/05/2008
Electronic Signature of Signing Officer or Director Date