

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000098049

FILED
Jan 20, 2009
Secretary of State

Entity Name: MILLER ORTHOPEDIC AND SPORTS REHAB, INC.

Current Principal Place of Business:

660 LINTON BLVD
102
DELRAY BEACH, FL 33444 US

New Principal Place of Business:

Current Mailing Address:

660 LINTON BLVD
102
DELRAY BEACH, FL 33444 US

New Mailing Address:

FEI Number: 20-3441326

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, SCOTT E
5750 CAMINO DEL SOL # 104
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

MILLER, SCOTT E
660 LINTON BLVD
SUITE 102
DELRAY BEACH, FL 33444 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: SCOTT MILLER

01/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: MILLER, SCOTT E
Address: 5750 CAMINO DEL SOL # 104
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: MILLER, SCOTT E
Address: 660 LINTON BLVD SUITE 102
City-St-Zip: DELRAY BEACH, FL 33444

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: SCOTT E MILLER

P/D

01/20/2009

Electronic Signature of Signing Officer or Director

Date