

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000128171

FILED
Jun 09, 2008
Secretary of State

Entity Name: MIAMI ORTHOPAEDIC CONSULTANTS, INC.

Current Principal Place of Business:

7867 NORTH KENDALL DRIVE
SUITE 100
MIAMI, FL 33156

New Principal Place of Business:

7695 SW 104TH STREET
SUITE 210
MIAMI, FL 33156

Current Mailing Address:

7867 NORTH KENDALL DRIVE
SUITE 100
MIAMI, FL 33156

New Mailing Address:

PO BOX 566689
MIAMI, FL 33256

FEI Number: 20-3529543

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LITTMAN, ERIC P
7695 SW 104TH STREET
SUITE 210
MIAMI, FL 33156 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ZAGORSKI, JOSEPH B
Address: 7867 NORTH KENDALL DRIVE
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ZAGORSKI, JOSEPH B
Address: PO BOX 566689
City-St-Zip: MIAMI, FL 33256

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: JOSEPH B ZAGORSKI

PRES

06/09/2008

Electronic Signature of Signing Officer or Director

Date