2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# P06000039099

Entity Name: INSTITUTE OF SPORTS MEDICINE AND ORTHOPAEDICS, P.A.

Current Principal Place of Business:

20295 NE 29TH PLACE
TURNBERRY BANK BUILDING, SUITE 300
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

20295 NE 29TH PLACE
TURNBERRY BANK BUILDING, SUITE 300
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 20-4524288 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KURZWEIL, HOWARD E
TOWER 101, SUITE 1700
101 NORTHEAST THIRD AVENUE
FT. LAUDERDALE, FL 33301 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: P ( ) Delete
Name: GORIN, STEVEN
Address: 20295 NE 29TH PLACE, SUITE 300
City-St-Zip: AVENTURA, FL 33180

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: STEVEN GORIN P 01/07/2009

Electronic Signature of Signing Officer or Director — Date