2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000153870

Entity Name: SPORTSCARE ORTHOPEDICS INC

FILED May 01, 2007 Secretary of State

440 N. STATE RD. 7, SUITE F ROYAL PALM BCH, FL 33411

Current Mailing Address: New Mailing Address:

440 N. STATE RD. 7, SUITE F ROYAL PALM BCH, FL 33411

FEI Number: 22-3949106 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A. DIAMANTIS, CHRISTOPHER 1840 SW 22ND ST. 3500 FINANCIAL PLAZA 4TH FLOOR 4TH FLOOR MIAMI, FL 33145 US TALAHASSEE, FL 32312 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: C DIAMANTIS 05/01/2007

> 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: **PVST** () Delete Title: (X) Change () Addition ROCA, FRANK Name: Name: ROCA, FRANK 440 N. STATE RD. 7, SUITE F 440 N. STATE RD. 7, SUITE F Address: Address: City-St-Zip: ROYAL PALM BCH, FL 33411 City-St-Zip: ROYAL PALM BCH, FL 33411

Title: () Delete Title: () Change (X) Addition DIAMANTIS, CHRISTOPHER Name: Name: 3500 FINANCIAL PLAZA #400 Address: Address: TALLAHASSEE, FL 32312 City-St-Zip: City-St-Zip:

Title: Title: () Change (X) Addition () Delete STD

Name: PRAKASH, RAJ Name: 14395 SW 139 CT #103 Address Address: City-St-Zip: City-St-Zip: MIAMI, FL 33189

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: RAJ PRAKASH D 05/01/2007