

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000153870

Entity Name: SPORTSCARE ORTHOPEDICS INC

FILED  
Apr 30, 2008  
Secretary of State

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 22-3949106

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DIAMANTIS, CHRISTOPHER  
3500 FINANCIAL PLAZA  
4TH FLOOR  
TALAHASSEE, FL 32312 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: CPD ( ) Delete  
Name: ROCA, FRANK  
Address: 440 N. STATE RD. 7, SUITE F  
City-St-Zip: ROYAL PALM BCH, FL 33411

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

Title: STD (X) Delete  
Name: PRAKASH, RAJ  
Address: 14395 SW 139 CT #103  
City-St-Zip: MIAMI, FL 33189

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: FRANK ROCA

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04/30/2008

Electronic Signature of Signing Officer or Director

Date