

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P08000001093

Entity Name: ORTHOEXCELLENCE, INC.

**FILED**  
**Jun 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1015 S.E. 17TH ST., STE 200  
OCALA, FL 34471 US

**New Principal Place of Business:**

5080 BENTGRASS CIRCLE  
PONTE VEDRA BEACH, FL 32082 US

**Current Mailing Address:**

5080 BENTGRASS CIRCLE  
PONTE VEDRA BEACH, FL 32082 US

**New Mailing Address:**

FEI Number: 26-1674771      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ROHL, JAMES  
5080 BENTGRASS CIRCLE  
PONTE VEDRA BEACH, FL 32082 US

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

ROHL, JAMES A  
5080 BENTGRASS CIRCLE  
PONTE VEDRA BEACH, FL 32082 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: JAMES A. ROHL

06/28/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ROHL, JAMES A  
Address: 5080 BENTGRASS CIRCLE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: SD  
Name: ROHL, JAMES A  
Address: 5080 BENTGRASS CIRCLE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

I hereby 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 all other like empowered.

SIGNATURE: JAMES A. ROHL

PSD

06/28/2011

Electronic Signature of Signing Officer or Director

Date