

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000093729

Entity Name: NILSSEN ORTHOPEDICS, P.A.

FILED
Apr 28, 2011
Secretary of State

Current Principal Place of Business:

1040 GULF BREEZE PARKWAY
SUITE 200
GULF BREEZE, FL 32561

New Principal Place of Business:

Current Mailing Address:

1040 GULF BREEZE PARKWAY
SUITE 200
GULF BREEZE, FL 32561

New Mailing Address:

FEI Number: 26-3574579

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VINES, JAY
1040 GULF BREEZE PARKWAY
SUITE 200
GULF BREEZE, FL 32561 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

OFFICERS AND DIRECTORS:

Title: MD
Name: NILSSEN, ERIK C
Address: 1040 GULF BREEZE PARKWAY, SUITE 200
City-St-Zip: GULF BREEZE, FL 32561

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: ERIK NILSSEN

MD

04/28/2011

Electronic Signature of Signing Officer or Director

Date