2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2012
Secretary of State

DOCUMENT# P08000093729

Entity Name: NILSSEN ORTHOPEDICS, P.A.

Current Principal Place of Business:

1040 GULF BREEZE PARKWAY
SUITE 200
GULF BREEZE, FL 32561

New Principal Place of Business:

1040 GULF BREEZE PARKWAY
SUITE 203
GULF BREEZE, FL 32561

Current Mailing Address:

1040 GULF BREEZE PARKWAY
SUITE 200
GULF BREEZE, FL 32561

New Mailing Address:

1040 GULF BREEZE PARKWAY
SUITE 203
GULF BREEZE, FL 32561

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:

VINES, JAY
1040 GULF BREEZE PARKWAY
SUITE 203
GULF BREEZE, FL 32561 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: ERIK NILSSEN 02/26/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: MD
Name: NILSSEN, ERIK C
Address: 1040 GULF BREEZE PARKWAY, SUITE 203
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 C. NILSSEN CEO 02/26/2012
Electronic Signature of Signing Officer or Director Date