2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000056582

Entity Name: TEAM 1 ORTHOPAEDICS, INC.

FILED Jan 09, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4300 MARSH LANDING BLVD 4300 MARSH LANDING BLVD JACKSONVILLE BEACH, FL 33350

STE 101

JACKSONVILLE BEACH, FL 32250

Current Mailing Address: New Mailing Address:

4300 MARSH LANDING BLVD 4300 MARSH LANDING BLVD JACKSONVILLE BEACH, FL 33350

STE 101

JACKSONVILLE BEACH, FL 32250

FEI Number: 58-1969469 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:

LEONARD, STEPHEN C JR. LEONARD, STEPHEN C JR. 24601 DEÉR TRACE DRIVE 249 LINKSIDE CIRCLE

PONTE VEDRA BEACH, FL 32082 US 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: 01/09/2012

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:

LEONARD, STEPHEN C JR. Name: 249 LINKSIDE CIRCLE Address:

City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VΡ

Name: LEONARD, SHERRY E 249 LINKSIDE CIRCLE Address:

PONTE VEDRA BEACH, FL 32082 US City-St-Zip:

Title:

LEONARD, KYLE S Name: 249 LINKSIDE CIRCLE Address:

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: STEPHEN C. LEONARD **PRES** 01/09/2012