2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2011
Secretary of State

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Entity Name: ORTHOPEDIC SPECIAL SURGERY OF THE PALM BEACHES INC.

Current Principal Place of Business:

215 GROVE WAY
DELRAY BEACH, FL 33444 US

New Principal Place of Business:

12989 SOUTHERN BLVD
BLDG 3, SUITE 202
LOXAHATCHEE, FL 33470 US

Current Mailing Address:

215 GROVE WAY
DELRAY BEACH, FL 33444 US

New Mailing Address:

12989 SOUTHERN BLVD
BLDG 3, SUITE 202
LOXAHATCHEE, FL 33470 US

FEI Number: 80-0504250 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NAIDOO, RAJEN
215 GROVE WAY
DELRAY BEACH, FL 33444 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: PRES
Name: NAIDOO, RAJEN
Address: 215 GROVE WAY
City-St-Zip: DELRAY BEACH, FL 33444 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: RAJEN NAIDOO PRES 04/30/2011

Electronic Signature of Signing Officer or Director Date