2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P93000038874

Entity Name: ORTHOPAEDIC AND SPINAL ASSOCIATES OF SOUTH FLORIDA, P.A.

Current Principal Place of Business:

4302 ALTON RD
SUITE 115
MIAMI BEACH, FL 33140 US

New Principal Place of Business:

4308 ALTON RD
SUITE 830
MIAMI BEACH, FL 33140 US

Current Mailing Address:

4302 ALTON RD
SUITE 115
MIAMI BEACH, FL 33140 US

New Mailing Address:

4308 ALTON RD
SUITE 830
MIAMI BEACH, FL 33140 US

FEI Number: 65-0418079 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHEN, DAN S
4302 ALTON RD
SUITE 115
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

COHEN, DAN S
4308 ALTON RD
SUITE 830
MIAMI BEACH, FL 33140 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: DAN S. COHEN 04/29/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: COHEN, DAN S
Address: 4302 ALTON RD SUITE 115
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: VP ( ) Delete
Name: HYDE, JONATHAN
Address: 4302 ALTON RD SUITE 115
City-St-Zip: MIAMI, FL 33140 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: COHEN, DAN S
Address: 4308 ALTON RD SUITE 830
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: VP (X) Change ( ) Addition
Name: HYDE, JONATHAN
Address: 4308 ALTON RD SUITE 830
City-St-Zip: MIAMI, FL 33140 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAN S. COHEN PRES 04/29/2009
Electronic Signature of Signing Officer or Director Date