2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# P95000075234

Entity Name: BREVARD ORTHOPAEDIC, SPINE & PAIN CLINIC, INC.

Current Principal Place of Business:

205 E NASA BLVD
SUITE 200
MELBOURNE, FL 32901

New Principal Place of Business:

2222 S HARBOR CITY BLVD.
SUITE 610
MELBOURNE, FL 32901

Current Mailing Address:

205 E NASA BLVD
SUITE 200
MELBOURNE, FL 32901

New Mailing Address:

2200 FRONT ST
SUITE 200
MELBOURNE, FL 32901

FEI Number: 59-3345600 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HYNES, RICHARD A MD
205 E NASA BLVD
SUITE 200
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

HYNES, RICHARD A MD
2222 S HARBOR CITY BLVD
SUITE 610
MELBOURNE, FL 32901 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: _____ 04/16/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HYNES, RICHARD A M.D.
Address: 205 E NASA BLVD
City-St-Zip: MELBOURNE, FL 32901

Title: D ( ) Delete
Name: DATTA, DEVIN K
Address: 205 E NASA BLVD
City-St-Zip: MELBOURNE, FL 32901

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: HYNES, RICHARD A M.D.
Address: 2222 S HARBOR CITY BLVD SUITE 610
City-St-Zip: MELBOURNE, FL 32901

Title: D (X) Change ( ) Addition
Name: DATTA, DEVIN K
Address: 2222 S HARBOR CITY BLVD SUITE 610
City-St-Zip: MELBOURNE, FL 32901

Title: D ( ) Change (X) Addition
Name: VOEPEL, LI J
Address: 2222 S HARBOR CITY BLVD SUITE 610
City-St-Zip: MELBOURNE, FL 32901

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: RICHARD A HYNES MD PRES 04/16/2009
Electronic Signature of Signing Officer or Director — Date