2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2007
Secretary of State

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Entity Name: LIGHTHOUSE ORTHOPAEDIC ASSOCIATES, P.A.

Current Principal Place of Business:

9970 CENTRAL PARK BLVD. SOUTH
#400
BOCA RATON, FL 33428

New Principal Place of Business:

Current Mailing Address:

1821 NE 25TH ST
LIGHTHOUSE POINT, FL 33064 US

New Mailing Address:

FEI Number: 65-0638788 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEDALIE, DONALD B
800 EAST BROWARD BOULEVARD
SUITE 302
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

GOBERVILLE, THOMAS J MD
9970 CENTRAL PARK BLVD.,
SUITE 400
BOCA RATON, FL 33428 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: THOMAS J. GOBERVILLE, MD 07/03/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: YOUNG, BRUCE P
Address: 9970 CENTRAL PARK BLVD., #400
City-St-Zip: BOCA RATON, FL 33428

Title: D ( ) Delete
Name: KLEINHENZ, DOMINIC J MD
Address: 9970 CENTRAL PARK BLVD., #400
City-St-Zip: BOCA RATON, FL 33428

Title: D ( ) Delete
Name: GOBERVILLE, THOMAS J MD
Address: 9970 CENTRAL PARK BLVD., #400
City-St-Zip: BOCA RATON, FL 33428

Title: D ( ) Delete
Name: MCKAY, WILLIAM R MD
Address: 9970 CENTRAL PARK BLVD., #400
City-St-Zip: BOCA RATON, FL 33428

Title: D ( ) Delete
Name: PADDEN, DAVID A
Address: 9970 CENTRAL PARK BOULEVARD SUITE 400
City-St-Zip: BOCA RATON, FL 33428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: YOUNG, BRUCE P MD
Address: 9970 CENTRAL PARK BLVD., #400
City-St-Zip: BOCA RATON, FL 33428

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: THOMAS J GOBERVILLE, MD D 07/03/2007
Electronic Signature of Signing Officer or Director Date