2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# P96000074600

Entity Name: VERO ORTHOPAEDICS II, P.A.

Current Principal Place of Business:

1155 35TH LANE
SUITE 100
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

1155 35TH LANE
SUITE 100
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 65-0702120 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NICHOLS, GEORGE K MD
1135 35TH LANE STE 100
VERO BEACH, FL 32960 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: NICHOLS, GEORGE K MD
Address: 1155 35TH LANE SUITE 100
City-St-Zip: VERO BEACH, FL 32960

Title: PD ( ) Delete
Name: SHAFER, S. JAMES MD
Address: 1155 35TH LANE, SUITE 100
City-St-Zip: VERO BEACH, FL 32960

Title: VD ( ) Delete
Name: COREN, SETH D MD
Address: 1155 35TH LANE, SUITE 100
City-St-Zip: VERO BEACH, FL 32960

Title: VD ( ) Delete
Name: HICKMAN, GUY H MD
Address: 1155 35TH LANE, SUITE 100
City-St-Zip: VERO BEACH, FL 32960

Title: VD ( ) Delete
Name: OFNER, MICHELE L MD
Address: 1155 35TH LANE STE 100
City-St-Zip: VERO BEACH, FL 32960

Title: VD ( ) Delete
Name: KANE, WILLIAM V
Address: 1155 35TH LANE STE 100
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: GEORGE K NICHOLS DR 01/08/2008

Electronic Signature of Signing Officer or Director Date