2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2006
Secretary of State

DOCUMENT# P96000093863

Entity Name: ADVANCED ORTHOPAEDIC ASSOCIATES, P.A.

Current Principal Place of Business:

5600 CENTRAL AVENUE
ST. PETERSBURG, FL 33707

New Principal Place of Business:

Current Mailing Address:

5600 CENTRAL AVENUE
ST. PETERSBURG, FL 33707

New Mailing Address:

FEI Number: 59-3409664 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROUSSELLE, PAULA W
800 W. DELEON ST
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

ROUSSELLE, PAULA W
601 WEST SWAN AVENUE
SUITE B
TAMPA, FL 33606 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: 01/03/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FINN, CHARLES A
Address: 5600 CENTRAL AVENUE
City-St-Zip: ST. PETERSBURG, FL 33707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: FINN, CHARLES A M.D.
Address: 5600 CENTRAL AVENUE
City-St-Zip: ST. PETERSBURG, FL 33707

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES A FINN MD D 01/03/2006
Electronic Signature of Signing Officer or Director — Date