2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# P96000093863

Entity Name: ADVANCED ORTHOPAEDIC ASSOCIATES, P.A.

Current Principal Place of Business:

3250 FIFTH AVENUE NORTH
ST. PETERSBURG, FL 33713

New Principal Place of Business:

Current Mailing Address:

3250 FIFTH AVENUE NORTH
ST. PETERSBURG, FL 33713

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
601 WEST SWAN AVENUE
SUITE B
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

ROUSSELLE, PAULA W
600 N WILLOW AVENUE
#102
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: 01/12/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FINN, CHARLES A M.D.
Address: 3250 FIFTH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CHARLES A. FINN D 01/12/2009
Electronic Signature of Signing Officer or Director — Date