2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000015369

Entity Name: RHODES ORTHOPAEDICS, INC.

FILED Sep 03, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1621 N. TAMIAMI TRAIL 3273 POMODORO CIR

102

N. FORT MYERS, FL 33903 US CAPE CORAL, FL 33909 US

New Mailing Address: Current Mailing Address:

1621 N. TAMIAMI TRAIL PO BOX 151879

CAPE CORAL, FL 339151879 US

N. FORT MYERS, FL 33903 US

FEI Number: 59-3496241 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

RHODES, JAY RHODES, JAY 4091 ENCLAVE PLACE 3973 POMODORO CIR

PORT CHARLOTTE, FL 33980 US 102 CAPE CORAL, FL 33909 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: JAY J. RHODES 09/03/2008

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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition Title: PSTD () Delete Title: Name: RHODES, JAY J Name: RHODES, JAY J

4091 ENCLAVE PL 3273 POMODORO CIR #102 Address: Address: City-St-Zip: PORT CHARLOTTE, FL 33980 City-St-Zip: CAPE CORAL, FL 33909

Title: VΡ Title: VΡ (X) Change () Addition () Delete

RHODES, RACHEL Name: RHODES, RACHEL Name:

4091 ENCLAVE PL 3273 POMODORO CIR #102 Address: Address: PORT CHARLOTTE, FL 33980 CAPE CORAL, FL 33909 City-St-Zip: 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.

VΡ SIGNATURE: RACHEL A. RHODES 09/03/2008