2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: CELEBRATION ORTHOPEDIC AND SPORTS MEDICINE INSTITUTE, INC.

Current Principal Place of Business:

410 CELEBRATION PLACE
106
CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

410 CELEBRATION PLACE
106
CELEBRATION, FL 34747

New Mailing Address:

FEI Number: 59-3523727 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEEKIN, JAMES F JR
215 N EOLA DR
ORLANDO, FL 32801 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

OFFICERS AND DIRECTORS:

Title: D
Name: DORE, DAVID D
Address: 1507 THE OAKS DRIVE
City-St-Zip: MAITLAND, FL 32751

Title: D
Name: ZAHRAWI, FAISSAL
Address: 8224 VIA VERONA
City-St-Zip: ORLANDO, FL 32836

Title: D
Name: HOMAN, BRAD
Address: 410 CELEBRATION PLACE STE 106
City-St-Zip: CELEBRATION, FL 34747

Title: D
Name: MCRORIE, DUANE
Address: 410 CELEBRATION PLACE STE 106
City-St-Zip: CELEBRATION, FL 34747

I hereby 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 all other like empowered.

SIGNATURE: DAVID DORE D 03/09/2011

Electronic Signature of Signing Officer or Director Date