2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000074251

Entity Name: ORTHOPEDIC HEALTH CENTER, INC

FILED Jan 22, 2009 Secretary of State

y		EBIOTIE/AETH CENTER, INC	•	
Current Principal Place of Business:			New Principal Place of Business:	
2601 S.W. MIAMI, FL	37TH AVE., S 33133	UITE 607		
Current Mailing Address:			New Mailing Address:	
2601 S.W. MIAMI, FL	37TH AVE., S 33133	UITE 607		
FEI Number	: 65-0860435	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
	DORLENE 37TH AVE., S 33133 US	UITE 607		
	named entity s e of Florida.	submits this statement for the	ourpose of changing its registere	ed office or registered agent, or both,
SIGNATU	RE:			
	Electror	ic Signature of Registered Ag	ent	Date
Election Car	mpaign Financing	g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ZASLOW, DOR	H AVE., SUITE 607	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MAZZOTTA, GF	H AVE., SUITE 607	Title: Name: Address: City-St-Zip:	() Change () Addition

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: DORLENE ZASLOW PRES 01/22/2009