

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000022877

FILED
Mar 16, 2011
Secretary of State

Entity Name: VIERA SPORTS MEDICINE AND ORTHOPEDIC CENTER, INC.

Current Principal Place of Business:

VIERA HEALTH PLAZA MEDICAL OFFICE
BLDG. 8725 N. WICKHAM RD STE 301
VIERA, FL 32940

New Principal Place of Business:

8725 N. WICKHAM RD
SUITE 301
MELBOURNE, FL 32940

Current Mailing Address:

VIERA HEALTH PLAZA MEDICAL OFFICE
BLDG. 8725 N. WICKHAM RD STE 301
VIERA, FL 32940

New Mailing Address:

8725 N. WICKHAM RD
SUITE 301
MELBOURNE, FL 32940

FEI Number: 59-3566213

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENSPOON, JEFFREY
709 S. HARBOR CITY BLVD
SUITE 100
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

GREENSPOON, JEFFREY
8725 N. WICKHAM RD
SUITE 301
MELBOURNE, FL 32940 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: JEFFREY GREENSPOON, MD

03/16/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: GREENSPOON, JEFFREY MD
Address: 6865 S TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

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: JEFFREY GREENSPOON, MD

P

03/16/2011

Electronic Signature of Signing Officer or Director

Date