P99000093364

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REGISTERED AGENT CHANGE

ORTHOPEDIC SPECIALISTS, P.A.

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 12, 2005

ORTHOPEDIC SPECIALISTS, P.A.
2951 N.W. 49TH AVENUE
SUITE 305
LAUDERDALE LAKES, FL 33313

SUBJECT: ORTHOPEDIC SPECIALISTS, P.A.
REF: P99000093364

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Annette Ramsey
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Orthopedic Specialists, P.A.

2. The principal office address: 2951 N.W. 49th Avenue, Suite 305, Lauderdale Lakes, Florida 33313

3. The mailing address (if different):

4. Date of incorporation/qualification: 10/22/99 Document number: P99000093364

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Christopher Troiano

2951 N.W. 49th Avenue, Suite 305

Ft. Lauderdale, FL 33313

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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Timothy E. Monaghan, Esq.

Strawn, Monaghan & Cohen, P.A.
(P.O. Box NOT acceptable)

54 N.E. Fourth Avenue, Delray Beach, Florida 33483

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Christopher Troiano
(Signature of an officer or director)

Christopher Troiano, Secretary
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

(Signature of Registered Agent)

12-8-05
(Date)

If signing on behalf of an entity:

TIMOTHY E. MONAGHAN
(Typed or Printed Name)

* * * FILING FEE: $35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314