2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2012
Secretary of State

DOCUMENT# S21526

Entity Name: CENTER FOR ORTHOPEDIC AND SPORTS PHYSICAL THERAPY, P.A.

Current Principal Place of Business:

2615 CENTENNIAL BLVD., SUITE 101
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

2615 CENTENNIAL BLVD., SUITE 101
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-3044545 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KANE, THOMAS A
2615 CENTENNIAL BLVD. #101
A
TALLAHASSEE, FL 32308 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: P
Name: KANE, THOMAS A
Address: 2615 CENTENNIAL BLVD. #101
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP
Name: GRAY, RICHARD W
Address: 2615 CENTENNIAL BLVD. #101
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP
Name: MILLER, J. MARK
Address: 2615 CENTENNIAL BLVD. #101
City-St-Zip: TALLAHASSEE, FL 32308

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: THOMAS A. KANE P 01/16/2012

Electronic Signature of Signing Officer or Director — Date