

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000030539

**FILED**  
**Apr 08, 2011**  
**Secretary of State**

**Entity Name:** BIOMECHANICAL TRAUMA ASSOCIATES, INC.

**Current Principal Place of Business:**

1167 HILLSBORO MILE  
616-F  
HILLSBORO BEACH, FL 33062 US

**New Principal Place of Business:**

**Current Mailing Address:**

1167 HILLSBORO MILE  
616-F  
HILLSBORO BEACH, FL 33062 US

**New Mailing Address:**

**FEI Number:** 65-0488135      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORSO, NANCY  
1167 HILLSBORO MILE  
616F  
HILLSBORO BEACH, FL 33062 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: DR.  
Name: CORSO, NANCY  
Address: 1167 HILLSBORO MILE #616  
City-St-Zip: HILLSBORO BEACH, FL 33062

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: NANCY CORSO

DR

04/08/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date