


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

PAID-3-5-07 FILED  
Mar 07, 2007 08:00 AM  
CR # 38  
Secretary of State  
\$150.00

<b>DOCUMENT # P95000069517</b> 1. Entity Name WEST COAST MOBILE ORTHOPEDICS, INC.	
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Principal Place of Business 24643 RED ROBIN DR. BONITA SPRINGS FL 34135 US	Mailing Address PMB 194 8951 BONITA BEACH ROAD, #525 BONITA SPRINGS FL 34135 US
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/06)

City & State  Zip Country	City & State  Zip Country
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4. FEI Number <b>65-0607079</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  RIEGER, CHRISTOPHER L 24643 RED ROBIN DR. BONITA SPRINGS FL 34135	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete RIEGER, CHRISTOPHER L 24643 RED ROBIN DR. BONITA SPRINGS FL 34135
TITLE	VS <input type="checkbox"/> Delete RIEGER, MARIE E 24643 RED ROBIN DR BONITA SPRINGS FL 34135
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000000658783
STREET ADDRESS	03/16/07-80003-002 150.00
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Christopher L. Rieger 3-5-07 239-947-7906

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #