

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000027128

Entity Name: ORTHOPEDIX NETWORK, INC.

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

7220 NW 36 STREET
SUITE 103
MIAMI, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

7220 NW 36 STREET
SUITE 103
MIAMI, FL 33166 US

New Mailing Address:

FEI Number: 65-0834146 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DENES, GREG
14255 U.S. HIGHWAY ONE
SUITE 243
JUNO BEACH, FL 33408 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PELAYO, JOSE A
Address: 7220 NW 36 STREET SUITE 103
City-St-Zip: MIAMI, FL 33166

Title: VPD (X) Delete
Name: CANTILLO, JULIAN G
Address: 7220 NW 36 STREET SUITE 103
City-St-Zip: CORAL GABLES, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MGRM (X) Change () Addition
Name: PELAYO, JOSE A
Address: 7220 NW 36 STREET SUITE 103
City-St-Zip: MIAMI, FL 33166

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DR JOSE PELAYO

MGRM

04/29/2008

Electronic Signature of Signing Officer or Director

_____ Date