

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002096

Entity Name: ORTHOSENSOR, INC.**Current Principal Place of Business:**1560 SAWGRASS CORPORATE PARKWAY
4TH FLOOR
SUNRISE, FL 33323**Current Mailing Address:**1560 SAWGRASS CORPORATE PARKWAY
4TH FLOOR
SUNRISE, FL 33323**FEI Number:** 26-1264788**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CHRISTINE DIFIORE CPA
14201 W. SUNRISE BLVD.
SUITE 201
SUNRISE, FL 33323 US*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

Officer/Director Detail :

Title C
Name ROCHE, MARTIN
Address 1560 SAWGRASS CORPORATE
PARKWAY
City-State-Zip: SUNRISE FL 33323

Title P
Name PIERCE, JAY
Address 1560 SAWGRASS CORPORATE
PKWAY
City-State-Zip: SUNRISE FL 33323

Title COO
Name FERNANDEZ, JUAN
Address 1560 SAWGRASS CORPOATE PKWAY
City-State-Zip: SUNRISE FL 33323

Title S
Name AGUERO, MANUEL E
Address 3801 S.W. 30TH AVENUE
City-State-Zip: FORT LAUDERDALE FL 33312

Title CFO
Name BENSEN, ROMAN
Address 1560 SAWGRASS CORPORATE
PARKWAY
City-State-Zip: FORT LAUDERDALE FL 33323

Title CTO
Name STEIN, MARC
Address 7755 S. RESEARCH DR
City-State-Zip: TEMPE AZ 85284

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: ROMAN BENSEN

CFO

02/18/2013

Electronic Signature of Signing Officer/Director Detail

Date