

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000004602

**Entity Name:** CETERIX ORTHOPAEDICS, INC.

**Current Principal Place of Business:**

1450 EAST BROOKS ROAD  
MEMPHIS, TN 38116

**Current Mailing Address:**

1450 EAST BROOKS ROAD  
MEMPHIS, TN 38116 US

**FEI Number:** 27-3161124

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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            DIRECTOR  
Name            SCHAFFNER, SCOTT  
Address        1450 EAST BROOKS ROAD  
City-State-Zip: MEMPHIS TN 38116

Title            VP  
Name            THOMAS, BETTINA D.  
Address        1450 EAST BROOKS ROAD  
City-State-Zip: MEMPHIS TN 38116

Title            TREASURER  
Name            ZAGGER, MICHAEL  
Address        1450 EAST BROOKS ROAD  
City-State-Zip: MEMPHIS TN 38116

Title            SECRETARY  
Name            FRASER, SIMON  
Address        1450 EAST BROOKS ROAD  
City-State-Zip: MEMPHIS TN 38116

Title            PRESIDENT  
Name            SCHAFFNER, SCOTT  
Address        1450 EAST BROOKS ROAD  
City-State-Zip: MEMPHIS TN 38116

*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:** SIMON FRASER

**SECRETARY**

**04/22/2021**

Electronic Signature of Signing Officer/Director Detail

Date