

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759406

FILED
Jan 08, 2007
Secretary of State

Entity Name: ORTHOGATORS, INC.

Current Principal Place of Business:

1600 SW ARCHER RD D7-19
GAINESVILLE, FL 32610 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 100444 JHMH
GAINESVILLE, FL 32610 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALOGERO, DOLCE DR.
1600 SW ARCHER RD D7-19
GAINESVILLE, FL 32610 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: V () Delete
Name: VAKANI, ARVIND
Address: 3305 SE FEDERAL HIGHWAY
City-St-Zip: STUART, FL 34997

Title: T () Delete
Name: CALOGERO, DOLCE
Address: 8430 S.W 23RD PL
City-St-Zip: GAINESVILLE, FL 32607

Title: PD () Delete
Name: WHEELER, TIM
Address: 1600 SW ARCHER ROAD, D7-19
City-St-Zip: GAINESVILLE, FL 32610

Title: D () Delete
Name: CHAPMAN, STEVE
Address: 108 N. PALM AVENUE
City-St-Zip: PALATKA, FL 32177

Title: P () Delete
Name: FERRER, DEBBIE
Address: 3910 BAYVIEW DRIVE
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: VAKANI, ARVIND DR.
Address: 3305 SE FEDERAL HIGHWAY
City-St-Zip: STUART, FL 34997

Title: T (X) Change () Addition
Name: CALOGERO, DOLCE DR.
Address: 8430 S.W 23RD PL
City-St-Zip: GAINESVILLE, FL 32607

Title: PD (X) Change () Addition
Name: WHEELER, TIM DR.
Address: 1600 SW ARCHER ROAD, D7-19
City-St-Zip: GAINESVILLE, FL 32610

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

Title: P (X) Change () Addition
Name: FERRER, DEBBIE DR.
Address: 3910 BAYVIEW DRIVE
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: S () Change (X) Addition
Name: BALDWIN, STEPHANIE MRS.
Address: 1600 SW ARCHER ROAD, D7-19
City-St-Zip: GAINESVILLE, FL 32610

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHANIE BALDWIN

S

01/08/2007

Electronic Signature of Signing Officer or Director

Date