2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2012
Secretary of State

DOCUMENT# 759406

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:

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

New Mailing Address:

PO BOX 100444
GAINESVILLE, FL 32610 US

FEI Number: 59-2982577 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATEL, SHREENA DR.
10059 BISHOP LAKE WAY
JACKSONVILLE, FL 32256 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: T
Name: PATEL, SHREENA DR.
Address: 10059 BISHOP LAKE WAY
City-St-Zip: JACKSONVILLE, FL 32256

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

Title: P
Name: HURST, RITA DR.
Address: 12289 OAKS LANE
City-St-Zip: SEMINOLE, FL 33772

Title: PP
Name: WORTHAM, JIM DR.
Address: 1755 E. HIGHWAY 50, SUITE B
City-St-Zip: CLERMONT, FL 34711

Title: VP
Name: LAWTON, BRETT DR.
Address: 201 N. LAKEMONT AVENUE, STE. 400
City-St-Zip: WINTER PARK, FL 32792 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEPHANIE BALDWIN S 01/12/2012

Electronic Signature of Signing Officer or Director Date