

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F02000006416**

1. Entity Name  
**AKSM/ORTHO, INC.**



Principal Place of Business  
**100 W. THIRD AVE., STE. 350  
COLUMBUS, OH 43201**

Mailing Address  
**100 W. THIRD AVE., STE. 350  
COLUMBUS, OH 43201**

**RECEIVED**  
**JAN 25 2006**



01202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**31-1759875**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**000000417891  
02/13/06-80070-019 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HUGHES, RIC
STREET ADDRESS	100 W. THIRD AVE., STE. 350
CITY-STATE-ZIP	COLUMBUS, OH 43201
TITLE	DVP
NAME	STEVENS, ANN
STREET ADDRESS	100 W. THIRD AVE., STE. 350
CITY-STATE-ZIP	COLUMBUS, OH 43201
TITLE	DCEO
NAME	WISE, HENRY A II
STREET ADDRESS	100 W. THIRD AVE., STE. 350
CITY-STATE-ZIP	COLUMBUS, OH 43201
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 changed, or on an attachment with an address, with all other life empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #