

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90088 021 ***150.00

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **31-1759875**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

*Sandra - please pay 150.00
Thank U.*

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST / ZIP	D HUGHES, RIC 100 W. THIRD AVE., STE. 350 COLUMBUS OH 43201	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST / ZIP	DVP STEVENS, ANN 100 W. THIRD AVE., STE. 350 COLUMBUS OH 43201	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST / ZIP	DCEO WISE, HENRY A II 100 W. THIRD AVE., STE. 350 COLUMBUS OH 43201	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST / ZIP	<i>CFO</i> RIC HUGHES 100 W. 3RD AVE ST 350 COLS OH 43201	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST / ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST / ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY ST / ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST / ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY ST / ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/26/07