


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90108 036 ***150.00

DOCUMENT # F0400002972

1. Entity Name
 ACOR ORTHOPAEDIC, INC.



Principal Place of Business
 18530 SOUTH MILES ROAD
 WARRENSVILLE HTS, OH 44128

Mailing Address
 18530 SOUTH MILES ROAD
 WARRENSVILLE HTS, OH 44128

20034565



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03212005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
 ALAIMO, GREG
 16207 VILLAREAL DE AVILA
 TAMPA, FL 33613

7. Name and Address of New Registered Agent
 Name: ALAIMO, JEFFREY
 Street Address (P.O. Box Number is Not Acceptable): 4628 RUE BORDEAUX
 City: LUTZ FL Zip Code: 33558

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:  DATE: 4-8-2005

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALAIMO, GREGORY A 18530 SOUTH MILES ROAD WARRENSVILLE HTS, OH 44128 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ALAIMO, JEFFREY 18530 SOUTH MILES ROAD WARRENSVILLE HTS, OH 44128 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE: 4-8-2005 DAYTIME PHONE #: 216-662-4510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR