

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F04000002972**

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**



03052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>34-0948627</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

**ALAIMO, JEFFREY  
4628 RUE BORDEAUX  
LUTZ, FL 33558**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2007 Fee will be \$550.00**

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	PD <b>ALAIMO, GREGORY A 18530 SOUTH MILES ROAD WARRENSVILLE HTS, OH 44128</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST <b>ALAIMO, JEFFREY 18530 SOUTH MILES ROAD WARRENSVILLE HTS, OH 44128</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/20/07-80162-014 150.00

**DO NOT WRITE  
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Greg Alaimo* **Greg Alaimo** 4-3-07 216-662-4500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #