


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 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
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**DO NOT WRITE IN THIS SPACE**

02262008 No Chg-P CR2E034 (11/05)

4. FEI Number 34-0948627	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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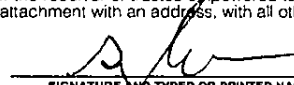
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALAIMO, GREGORY A 18530 SOUTH MILES ROAD WARRENSVILLE HTS, OH 44128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ALAIMO, JEFFREY 18530 SOUTH MILES ROAD WARRENSVILLE HTS, OH 44128
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U00000925022  
 05/20/08-80008-023-150.00

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:  **3-27-08** **216-662-4500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #