

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002972

Entity Name: ACOR ORTHOPAEDIC, INC.

FILED  
Apr 13, 2011  
Secretary of State

**Current Principal Place of Business:**

18530 SOUTH MILES ROAD  
WARRENSVILLE HTS, OH 44128

**New Principal Place of Business:**

**Current Mailing Address:**

18530 SOUTH MILES ROAD  
WARRENSVILLE HTS, OH 44128

**New Mailing Address:**

FEI Number: 34-0948627

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALAIMO, JEFFREY  
555 5TH AVENUE N.E.  
SUITE 911  
ST. PETERSBURG, FL 33701 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ALAIMO, GREGORY A  
Address: 18530 SOUTH MILES ROAD  
City-St-Zip: WARRENSVILLE HTS, OH 44128

Title: DST  
Name: ALAIMO, JEFFREY  
Address: 18530 SOUTH MILES ROAD  
City-St-Zip: WARRENSVILLE HTS, OH 44128

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID MARSHALL

CFO

04/13/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date