

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90027 009 ***158.75

DOCUMENT # F05000003238

1. Entity Name
INTEGRAL ORTHOPEDICS INC.



Principal Place of Business

**125 TYCOS DRIVE
TORONTO
ONTARIO, CANADA M6B 1W6,**

XX

Mailing Address

**125 TYCOS DRIVE
TORONTO
ONTARIO, CANADA M6B 1W6,**

XX

DO NOT WRITE IN THIS SPACE



07062006 No Chg-P CR2E034 (11/05)

4. FEI Number
98-0456178

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TUFFIN, BRAIN
15694 SW 15TH STREET
PEMBROKE PINES, FL 33027**

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	ROTMAN, KEM
STREET ADDRESS	22 ST. CLAIR AVENUE EAST, SUITE 1700
CITY-ST-ZIP	TORONTO, ONT, CANADA M4T 2S3,
TITLE	DPS
NAME	TUFFIN, BRIAN
STREET ADDRESS	15694 SW 15TH STREET
CITY-ST-ZIP	PEMBROKE PINES, FL 33027
TITLE	D
NAME	FISHER, JOHN
STREET ADDRESS	22 ST. CLAIR AVENUE EAST, SUITE 1700
CITY-ST-ZIP	TORONTO, ONT, CANADA M4T 2S3,
TITLE	Officer (CO)
NAME	Eric Miller
STREET ADDRESS	125 Tycos Drive
CITY-ST-ZIP	Toronto, Ontario CANADA M6B 1W6
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eric Miller

Date

Daytime Phone #

July 6/06 416-785-1386