


**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
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**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 <input checked="" type="checkbox"/>	<b>\$8.75</b> 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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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 \_\_\_\_\_

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

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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:  **Eric Miller** Date: July 6/06 Daytime Phone #: 416-785-1386

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR