

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003238

FILED
Jul 24, 2007
Secretary of State

Entity Name: INTEGRAL ORTHOPEDICS INC.

Current Principal Place of Business:

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

New Principal Place of Business:

302 NW 179TH AVENUE
SUITE 201
PEMBROKE PINES, FL 33029 XX

Current Mailing Address:

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

New Mailing Address:

302 NW 179TH AVENUE
SUITE 201
PEMBROKE PINES, FL 33029 XX

FEI Number: 98-0456178

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TUFFIN, BRIAN
15694 SW 15TH STREET
PEMBROKE PINES, FL 33027 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

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

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: ROTMAN, KEM
Address: 22 ST. CLAIR AVENUE EAST, SUITE 1700
City-St-Zip: TORONTO, ONT, CANADA M4T 2S3, XX

Title: DPS () Delete
Name: TUFFIN, BRIAN
Address: 15694 SW 15TH STREET
City-St-Zip: PEMBROKE PINES, FL 33027

Title: D () Delete
Name: FISHER, JOHN
Address: 22 ST. CLAIR AVENUE EAST, SUITE 1700
City-St-Zip: TORONTO, ONT, CANADA M4T 2S3,

Title: O () Delete
Name: MILLER, ERIC
Address: 125 TYCOS DRIVE
City-St-Zip: TORONTO, ONTARIO CANADA, M6B 1W6

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ERIC MILLER

O

07/24/2007

Electronic Signature of Signing Officer or Director

Date