2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2006 8:00 am
Secretary of State
07-20-2006 90001 046 ***150.00

DOCUMENT # F05000006821

1. Entity Name
ORTHOPEDIC SYSTEMS, INC.

Principal Place of Business	Mailing Address
30031 AHERN AVE UNION CITY, CA 94587	30031 AHERN AVE UNION CITY, CA 94587

DO NOT WRITE IN THIS SPACE

07052006 No Chg-P CR2E034 (11/05)

4. FEI Number
94-2405390
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P
NAME	NEMOTO, TATSUYA
STREET ADDRESS	30 - 13 HONGO 3-CHOME
CITY-ST-ZIP	BUNKYO-KU, TOKYO, 133 JAPAN,
TITLE	C
NAME	NEMOTO, TAKASHI
STREET ADDRESS	30 - 13 HONGO 3-CHOME
CITY-ST-ZIP	BUNKYO-KU, TOKYO, 133, JAPAN, XX
TITLE	V
NAME	LAMB, STEVE
STREET ADDRESS	30031 AHERNAVE
CITY-ST-ZIP	UNION CITY, CA 94587
TITLE	S
NAME	TAKAGAKI, ATSUSHI ANDREW
STREET ADDRESS	30031 AHERNAVE
CITY-ST-ZIP	UNION CITY, CA 94587
TITLE	T
NAME	YAMAMURA, SHIGERU
STREET ADDRESS	30031 AHERNAVE
CITY-ST-ZIP	UNION CITY, CA 94587
TITLE	D
NAME	NEMOTO, TOHRU
STREET ADDRESS	30 - 13 HONGO 3-CHOME
CITY-ST-ZIP	BUNKYO-KU, TOKYO 133, JAPAN, XX

DO NOT WRITE 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: _____ Shigeru Yamamura Aug. 11, 2006 (510)476-8115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

OSI ORTHOPEDIC SYSTEMS, INC.
30031 Ahern Avenue, Union City, CA 94587-1234
(510) 429-1500 Fax (510) 429-9946

"L06023267
#F05000004821

July 14, 2006

Florida Department of State
Division of Corporations
P.O. Box 6498
Tallahassee, FL 32314

To Whom It May Concern:

Attached is the payment for profit corporation annual report for Orthopedic Systems, Inc. I would like to request to waive any penalty that will incur due to late payment. The payment was sent on January 16, 2006 as I attached the void check which at present never been cleared in the back.

Thank you very much for understanding on this matter.

Sincerely,

Eleanor Dangca
510-476-8165

ACCOUNTING COPY-DETACH BEFORE MAILING

ATTACHMENT

660232677
#F05000006827

ORTHOPEDIC SYSTEMS, INC.
30031 AHERN AVENUE • UNION CITY, CA 94587-1234
(510) 429-1500

CHECK DATE 1/19/2006

CHECK NO. 411464

VOUCHER ID	INVOICE DATE	INVOICE ID / ORIGINAL INVOICE/REFERENCE	GROSS	DISCOUNT	NET PAYMENT AMOUNT
0006013212902	1/16/2006	ANUAL REPRT 2006	150.00	0.00	150.00
			150.00	0.00	150.00

285856

FLORIDA DEPARTMENT OF STATE

VOID

30031 AHERN AVENUE • UNION CITY, CA
(510) 429-1500

VOUCHER ID	INVOICE DATE	INVOICE ID / ORIGINAL INVOICE/REFERENCE	GROSS	DISCOUNT	NET PAYMENT AMOUNT
0006013212902	1/16/2006	ANUAL REPRT 2006	150.00	0.00	150.00
			150.00	0.00	150.00

285856

FLORIDA DEPARTMENT OF STATE

VOID

THIS DOCUMENT HAS A VOID BACKGROUND ONLY IF PHOTOCOPIED AND MICROPRINTING IN THE SIGNATURE LINE. MAGNIFY TO VERIFY ORIGINAL CHECK

VOID VOID VOID

DATE 1/19/2006 CHECK NO. 411464 AMOUNT $150.00

One hundred fifty and xx/100 dollars

PAY TO THE ORDER OF FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6198
TALLAHASSEE FL 32314

AUTHORIZED SIGNATURE

[redacted]