

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005002

FILED
Jan 10, 2012
Secretary of State

Entity Name: ORTHOSYNETICS, INC.

Current Principal Place of Business:

3850 N. CAUSEWAY BLVD., SUITE 800
METAIRIE, LA 70002

New Principal Place of Business:

Current Mailing Address:

3850 N. CAUSEWAY BLVD., SUITE 800
METAIRIE, LA 70002

New Mailing Address:

FEI Number: 72-1278948

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MARKS, DAVID
Address: 3850 N. CAUSEWAY BLVD., SUITE 800
City-St-Zip: METAIRIE, LA 70002

Title: T
Name: SIVORI, JOE
Address: 3850 N. CAUSEWAY BLVD., SUITE 800
City-St-Zip: METAIRIE, LA 70002

Title: S
Name: AUTREY, RHONDA
Address: 3850 N CAUSEWAY BLVD STE 800
City-St-Zip: METAIRIE, LA 70002

Title: D
Name: CROWLEY, DANIEL
Address: 3850 N. CAUSEWAY BLVD., SUITE 800
City-St-Zip: METAIRIE, LA 70002

Title: D
Name: BANKS, TOM
Address: 3850 N. CAUSEWAY BLVD., SUITE 800
City-St-Zip: METAIRIE, LA 70002

Title: D
Name: SHNEIDER, AVIVA
Address: 3850 N. CAUSEWAY BLVD., SUITE 800
City-St-Zip: METAIRIE, LA 70002

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: JOE SIVORI

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01/10/2012

Electronic Signature of Signing Officer or Director

Date