2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000003110

Entity Name: SMALL BONE INNOVATIONS, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
1380 S. PENNSYLVANIA AVE. MORRISVILLE, PA 19067	

Current Mailing Address:	**New Mailing Address:**
1380 S. PENNSYLVANIA AVE. MORRISVILLE, PA 19067	

FEI Number: 90-0288892   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
NRAI SERVICES, INC. 515 E. PARK AVENUE TALLAHASSEE, FL 32301 US	

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: D
Name: VISCOGLIOSI, ANTHONY G
Address: 505 PARK AVENUE, 14TH FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: D
Name: ABRAMOWITZ, KENNETH S
Address: 369 LEXINGTON AVE. 17TH FLOOR
City-St-Zip: NEW YORK, NY 10017

Title: D
Name: VISCOGLIOSI, JOHN
Address: 505 PARK AVENUE, 14TH FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: D
Name: KASTANIS, JOHN N
Address: 757 SEVEN PONDS TOWD ROAD
City-St-Zip: SOUTHAMPTON, NY 11968

Title: D
Name: FINK, ANDREW
Address: 110 EAST 59TH STREET , SUITE 300
City-St-Zip: NEW YORK, NY 10022

Title: D
Name: MARNAY, THIERRY
Address: 34171 CASTELNAU LE LEZ
City-St-Zip: LYON, FR FR

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: STEVE WARD   CFO   04/18/2012

        Electronic Signature of Signing Officer or Director   Date