2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H11580

1. Entity Name

CARTER ORTHOPEDICS, INC.



Principal Place of Business Mailing Address

1279 KINGSLEY AVE., #105 ORANGE PARK, FL 32073 1279 KINGSLEY AVE., #105 ORANGE PARK, FL 32073 FILED Apr 09, 2008 08:00 Al Secretary of State



DO NOT WRITE IN THIS SPACE

04042008 No Chg-P CR2E034 (11/05)

 4. FEI Number
 Applied For

 59-2882496
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CARTER, GERALD ROBERT 2633 HOLLY POINT EAST ORANGE PARK, FL 32073 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

Signature, typed or printed name of registered agent and title if applicable

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

- U00000688222 4/22/88-90004-019 150

10. OFFICERS AND DIRECTORS TITLE NAME CARTER, GERALD ROBERT 2633 HOLLY POINT EAST STREET ADDRESS CITY-ST-7IP ORANGE PARK, FL TITLE CARTER, MARY E. NAME STREET ADDRESS P.O. BOX 91 CITY-ST-ZIP MELROSE, FL TITLE CARTER, GERALD JR NAME STREET ADDRESS 2633 HOLLY PT E CITY ST-ZIP ORANGE PARK, FL 32073 TITLE CARTER, LEAH NAME STREET ADDRESS 2633 HOLLY PT EAST CITY-ST-ZIP ORANGE PARK, FL 32073 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-08

Daytime Phone #