


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L19644	
1. Entity Name ORTHOPAEDICS REHABILITATION ERGONOMICS, INC.	

Principal Place of Business 1724 E HALLANDALE BEACH BLVD HALLANDALE, FL 33009 US	Mailing Address 1724 E HALLANDALE BEACH BLVD HALLANDALE, FL 33009 US
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02112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0157288	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fec Required
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6. Name and Address of Current Registered Agent  MOSKOWITZ, NORMAN MD 1724 E HALLANDALE BCH BLVD HALLANDALE, FL 33009
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**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 (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOSKOWITZ, NORMAN MD 1724 E HALLANDALE BCH BLVD HALLANDALE, FL 33009
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04/11/05-60030-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/18/05 954 454-9091