

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L38943

Entity Name: RYDER ORTHOPAEDICS, INC.

FILED
Jan 15, 2004
Secretary of State

Current Principal Place of Business:

1500 ROYAL PALM SQUARE BLVD
SUITE 104
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

1500 ROYAL PALM SQUARE BLVD
SUITE 104
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 65-0165394

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OWEN, PATRICIA A
635 S.E. 34 STREET
CAPE CORAL, FL 33904 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RYDER, LAURA E
Address: 635 SE 34 ST
City-St-Zip: CAPE CORAL, FL 33904

Title: TS () Delete
Name: OWEN, PATRICIA A
Address: 635 S.E. 34 STREET
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: PATRICIA A OWEN

TS

01/15/2004

Electronic Signature of Signing Officer or Director

Date