2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # L38943

1. Entity Name
RYDER ORTHOPAEDICS, INC.

Principal Place of Business	Mailing Address
1500 ROYAL PALM SQUARE BLVD SUITE 104 FORT MYERS, FL 33919	1500 ROYAL PALM SQUARE BLVD SUITE 104 FORT MYERS, FL 33919

DO NOT WRITE IN THIS SPACE

08252006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0165394	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____   DATE
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

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

10.	OFFICERS AND DIRECTORS
TITLE	P
NAME	RYDER, LAURA E
STREET ADDRESS	635 SE 34 ST
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	TS
NAME	OWEN, PATRICIA A
STREET ADDRESS	635 S.E. 34 STREET
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000575418
08/29/06-80001-008 550.00

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Patricia A Owen   8/25/06   239 9390009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #