


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90169 040 ***150.00

DOCUMENT # M65032		
1. Entity Name TOTAL ORTHOPEDICS, INC.		

Principal Place of Business 528 THIRD STREET SOUTH JACKSONVILLE BEACH, FL 32250 US	Mailing Address 13724 HOPE SOUND COURT JACKSONVILLE, FL 32225 US
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2. Principal Place of Business 457 Savoie Drive	3. Mailing Address 457 Savoie Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

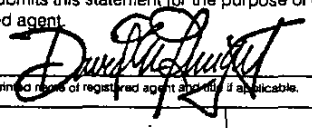
City & State Palm Beach Gardens, FL	City & State Palm Beach Gardens, FL
Zip 33410	Country 33410



04182005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent KNIGHT, DAVID M 13724 HOPE SOUND CT JACKSONVILLE, FL 32225	
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7. Name and Address of New Registered Agent Name David M. Knight	
Street Address (P.O. Box Number is Not Acceptable) 457 Savoie Drive	
City Palm Beach Gardens	Zip Code FL 33410

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 4/25/05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNIGHT, DAVID M. 13724 HOPE SOUND CT JACKSONVILLE, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Knight, David M. 457 Savoie Drive Palm Beach Gardens, FL 33410 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an alter like empowered.

SIGNATURE: 	DATE 4/25/05	DAYTIME PHONE # 904-673-4900
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