

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # M65032 1. Entity Name TOTAL ORTHOPEDICS, INC.			
Principal Place of Business 457 SAVOIE DR PALM BEACH GARDENS, FL 33410 US		Mailing Address 457 SAVOIE DR PALM BEACH GARDENS, FL 33410 US	
DO NOT WRITE IN THIS SPACE			
		04202006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2863532	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KNIGHT, DAVID M 457 SAVOIE DR PALM BEACH GARDENS, FL 33410		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 _____ <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 000000527689 05/05/06-80005-020 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KNIGHT, DAVID M. 457 SAVOIE DR PALM BEACH GARDENS, FL 33410		
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE FOR DIRECTOR</small>		4/20/06 904-673-4900	