


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # M65032</b> 1. Entity Name TOTAL ORTHOPEDICS, INC.	
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Principal Place of Business 457 SAVOIE DR PALM BEACH GARDENS, FL 33410 US	Mailing Address 457 SAVOIE DR PALM BEACH GARDENS, FL 33410 US
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**DO NOT WRITE IN THIS SPACE**

04022007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2883532	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

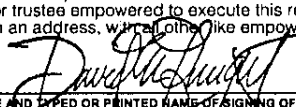
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000689042 04/11/07-80019-024 150.00
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10. OFFICERS AND DIRECTORS

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, without other like empowered.

**SIGNATURE:**  **4/2/07** **561-676-0611**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #