

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000007892

FILED
Jun 24, 2011
Secretary of State

Entity Name: NORTH AMERICAN STRASBOURG OSTEOSYNTHESIS RESEARCH GROUP, INC.

Current Principal Place of Business:

11201 ST. JOHN'S INDUSTRIAL PARKWAY SOUTH
JACKSONVILLE, FL 32246

New Principal Place of Business:

11201 ST. JOHN'S INDUSTRIAL PARKWAY SOUTH
JACKSONVILLE, FL 32246 US

Current Mailing Address:

11201 ST. JOHN'S INDUSTRIAL PARKWAY SOUTH
JACKSONVILLE, FL 32246

New Mailing Address:

11201 ST. JOHN'S INDUSTRIAL PARKWAY SOUTH
JACKSONVILLE, FL 32246 US

FEI Number: 27-3339703

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUNNY, GREGORY F
1301 RIVERPLACE BOULEVARD
SUITE 1500
JACKSONVILLE, FL 32207 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

OFFICERS AND DIRECTORS:

Title: D
Name: BUTON, RICHARD G DDS MS
Address: 200 HAWKINS DRIVE, 51366 PFP
City-St-Zip: IOWA CITY, IO 52242 US

Title: D
Name: CARLSON, ERIC R DMD MD
Address: 1930 ALCOA HIGHWAY, SUITE 335
City-St-Zip: KNOXVILLE, TN 37920 US

Title: D
Name: HELMAN, JOSEPH I DMD
Address: 1500 EAST MEDICAL CENTER DR.
City-St-Zip: ANN ARBOR, MI 481095018 US

Title: D
Name: EDWARDS, SEAN DMD
Address: 1500 EAST MEDICAL CENTER DR.
City-St-Zip: ANN ARBOR, MI 481095018 US

Title: D
Name: PERCIACCANTE, VINCENT DDS
Address: 402 STEVENS ENTRY
City-St-Zip: PEACHTREE CITY, GA 30269 US

Title: D
Name: JOHNSTON, THOMAS S
Address: 11201 ST. JOHNS INDUSTRIAL PKWY, SOUTH
City-St-Zip: JACKSONVILLE, FL 322467443 US

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS S. JOHNSTON

D

06/24/2011

Electronic Signature of Signing Officer or Director

Date