## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000036611

City-St-Zip:

() Delete

Title:

Name:

Address:

City-St-Zip:

FILED Apr 09, 2008 Secretary of State

Entity Nar	me: AMERIC	AN ORTHOPEDIC SUPPORTS	s, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
	OUNT HOLLY SVILLE, NC 28	HUNTERSVILLE ROAD 8078					
Current Mailing Address:			New Maili	New Mailing Address:			
	PORATE WA' , FL 33025	Y					
FEI Number: 65-0998378 FEI Number Applied For ( ) FEI			FEI Number Not Appl	umber Not Applicable ( ) Certificate of Status Desired ( )			
Name and	Address of (	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
	SEORGE A PORATE WA' , FL 33025	Y US					
	named entity of Florida.	submits this statement for the p	urpose of changing i	ts registered off	ïce or registered agen	t, or both,	
SIGNATUR	RE:						
	Electro	nic Signature of Registered Age	nt		Date		
Election Car	npaign Financin	g Trust Fund Contribution ( ).					
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D ( NILES, REX 2881 CORPOF MIRAMAR, FL		Title: Name: Address: City-St-Zip:		Change ( ) Addition ELL K : BLVD.		
Title: Name: Address: City-St-Zip:	D ( BLEWS, GEOR 2881 CORPOR MIRAMAR, FL	RATE WAY	Title: Name: Address: City-St-Zip:	VS (X) ( DAVIES, ALEXAN 5825 CARNEGIE CHARLOTTE, NO	BLVD.		
Title: Name: Address:	(	) Delete	Title: Name: Address:	V () C BROWN, STEPH 5825 CARNEGIE			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

CHARLOTTE, NC 28209

5825 CARNEGIE BLVD.

CHARLOTTE, NC 28209

FRY, SHAUN

( ) Change (X) Addition

SIGNATURE: ALEXANDRA J. DAVIES VS 04/09/2008