2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P00000059217 1. Entity Name YOUNG ORTHOPEDICS INC.



FILED Jan 08, 2007 08:00 AM Secretary of State

Principal Place of Business

1204 E 4 AVE HIALEAH, FL 33010 Mailing Address

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01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1017832

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

HIDALGO, LISBETT 1204 E 4 AVE HIALEAH, FL 33010

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			1	Part of the Control		
	named entity submits this statement for the ptions of registered agent.	ourpose of changing its register	ed office or registere	d agent, or both,	, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title	Handler ANT Delice	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			
	Signature, types or printed harrie or registered agent and que	ii appiicabie. (NOTE: Hegistere	ed Agent signature required v	men reinstating)	DATE	
	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.	· +	00 May Be od to Fees		
10.	OFFICERS AND DIRE	CTORS	, , , , , , , , , , , , , , , , , , ,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HIDALGO, LISBETT 1204 E 4 AVE HIALEAH, FL 33010				*U000000577982	
TITLE NAME STREET ADDRESS					Q1/09/07-80010-024 150.00	

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STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP

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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

NAME

TITLE NAME

TITLE NAME STREET ADDRESS CITY-ST-ZIP

(305) 888 7996 .