

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90058 029 \*\*\*150.00

**DOCUMENT # P00000089896**

1. Entity Name

ORTHOPEDIC SOLUTIONS, INC.



Principal Place of Business

505 NW 65TH CT  
STE 102  
FORT LAUDERDALE FL 33309

Mailing Address

505 NW 65TH CT  
STE 102  
FORT LAUDERDALE FL 33309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1058558

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUSSO, FRANK  
2761 NE 8TH ST.  
POMPANO BEACH FL 33062

address  
change  
only →

Name

Street Address (P.O. Box Number is Not Acceptable)

505 NW 65 Court # 102

City

Ft. Lauderdale

FL

Zip Code

33309

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/24/05

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: DPTS ☐ Delete  
NAME: RUSSO, FRANK  
STREET ADDRESS: 2761 NE 8TH ST.  
CITY-ST-ZIP: POMPANO BEACH FL 33062

TITLE: ☒ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: 505 NW 65 Court # 102  
CITY-ST-ZIP: Ft. Lauderdale, FL 33309

TITLE: ☐ Delete  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
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STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/05 (954) 714-7933