2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000089896

FILED
Mar 12, 2009
Secretary of State

Entity Name: ORTHOPEDIC SOLUTIONS, INC.

Current Principal Place of Business:

505 NW 65TH CT
STE 102
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

505 NW 65TH CT
STE 102
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 65-1058558 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUSSO, FRANK
505 NW 65 COURT #102
FORT LAUDERDALE, FL 33309 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DPTS	( ) Delete
Name:	RUSSO, FRANK	
Address:	505 NW 65 COURT #102	
City-St-Zip:	FORT LAUDERDALE, FL 33309	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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.

SIGNATURE: RUSSO, FRANK DPTS 03/12/2009

Electronic Signature of Signing Officer or Director Date