2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000117927

Entity Name: PROTOCOL ORTHOPEDICS, INC.

FILED Jan 04, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8761 PERIMETER PARK BLVD. 1639 BEACH BLVD.

STE. 106 STE. 11

JACKSONVILLE, FL 32216 JACKSONVILLE BEACH, FL 32250

Current Mailing Address: New Mailing Address:

8761 PERIMETER PARK BLVD. STE. 106 JACKSONVILLE, FL 32216

FEI Number: 59-3686570 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KEASLER, FRANK R JR
4309 PABLO OAKS CT
STE. FIVE
JACKSONVILLE, FL 32224 US

KEASLER, FRANK R JR
10407 CENTURION PARKWAY
STE. 112
JACKSONVILLE, FL 32256 US

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: FRANK R. KEASLER 01/04/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: () Change () Addition

 Name:
 ROJAHN, ROBERT W
 Name:

 Address:
 1639 BEACH BOULEVARD, SUITE 11
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32250
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT ROJAHN PRES 01/04/2006