## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 07, 2007 08:00 AM **DOCUMENT # P01000010694 Secretary of State** PREMIER ORTHOPEDICS, INC. Principal Place of Business Mailing Address 16307 PAYTON COURT 16307 PAYTON COURT TAMPA, FL 33647 TAMPA, FL 33647 CR2E034 (11/05) No Chg-P 01292007 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3699606 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DIETZ, WILLIAM J DO NOT WRITE C/O DIETZ & SANDERS, P.A. 25 SOUTH MAGNOLIA AVE IN THIS SPACE ORLANDO, FL 32801 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE BAX, CARL NAME U000000624906 STREET ADDRESS 16307 PAYTON COURT TAMPA, FL 33647 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 suppliementalizeport 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 trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with air address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF BIGNING O

OFFICER OR DIRECTOR TOPSING

2307

813.245926

Daytime Phone #

**FILED**