2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000002754

1. Entity Name
FALCON ORTHOPEDICS CORP.

FILED
03 APR 15 AM 10: 34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1085 EAST 4TH AVE. SUITE A HIALEAH, FL 33010	1085 EAST 4TH AVE. SUITE A HIALEAH, FL 33010

☐ CHECK HERE IF MAKING CHANGES

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 30-0016996 ☐ 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
BACALLAO, RAUL Y 490 EAST 10TH STREET HIALEAH, FL 33010	Name OSLAIDY HARD Street Address (P.O. Box Number is Not Acceptable) 1085 E. 4TH AVE SUITE: A City HIALEAH FL Zip Code 33010

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 X [signature] 4/14/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: Fee is $150.00
After May 1, 2003 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BACALLAO, RAUL Y 490 EAST 10TH STREET HIALEAH, FL 33010	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(VP) RAUL Y. BACALLAO 1085 E. 4TH AVE SUITE: A HIALEAH, FL 33010	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(PD) OSLAIDY HARD 1085 E. 4TH AVE SUITE: A HIALEAH, FL 33010	☐ Change ☒ Addition
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CR2E034 (10/02)

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: X [signature] 4/14/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #