2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000013035

Address:

1460 WEST 68 STREET, SUITE #101

City-St-Zip: HIALEAH, FL 33014 US

Entity Name: ALLIED ORTHOPEDICS, INC.

FILED May 05, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1460 WES SUITE #10 HIALEAH,		Js			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
SUITE #10		Js			
FEI Number:	: 42-1529009	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
1460 WES SUITE #10	RNAN MR. 3T 68 STREET 01 FL 33014 US	3			
	e named entity e of Florida.	submits this statement for th	e purpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	nic Signature of Registered A	Agent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	LUNA, HERNAN	STREET, SUITE #101	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	,) Delete PATRICIA M MS	Title:	() Change () Addition	

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HERNAN LUNA PRES 05/05/2005