

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000013035

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: ALLIED ORTHOPEDICS, INC.

## Current Principal Place of Business:

1460 WEST 68 STREET  
SUITE #101  
HIALEAH, FL 33014 US

## New Principal Place of Business:

## New Mailing Address:

2525 PONCE DE LEON BLVD.  
SUITE 1225  
CORAL GABLES, FL 33134 US

## Current Mailing Address:

1460 WEST 68 STREET  
SUITE #101  
HIALEAH, FL 33014 US

FEI Number: 42-1529009

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LUNA, HERNAN MR.  
1460 WEST 68 STREET  
SUITE #101  
HIALEAH, FL 33014 US

## Name and Address of New Registered Agent:

INTERAMERICAN CORPORATE SERVICES LLC  
2525 PONCE DE LEON BLVD.  
SUITE 1225  
CORAL GABLES, FL 33134 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: ASNARDO GARRO

04/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: LUNA, HERNAN MR.  
Address: 1460 WEST 68 STREET, SUITE #101  
City-St-Zip: HIALEAH, FL 33014 US

Title: SECR ( ) Delete  
Name: HERNANDEZ, PATRICIA M MS.  
Address: 1460 WEST 68 STREET, SUITE #101  
City-St-Zip: HIALEAH, FL 33014 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition  
Name: LUNA, HERNAN  
Address: 1460 WEST 68 STREET, SUITE #101  
City-St-Zip: HIALEAH, FL 33014 US

Title: VPS (X) Change ( ) Addition  
Name: HERNANDEZ, PATRICIA M  
Address: 1460 WEST 68 STREET, SUITE #101  
City-St-Zip: HIALEAH, FL 33014 US

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: PATRICIA HERNANDEZ

VPS

04/28/2008

Electronic Signature of Signing Officer or Director

Date