


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000016667</b> 1. Entity Name <b>ORTOPEDIA AMERICA, INC.</b>														
Principal Place of Business <b>1112 SW 1ST STREET MIAMI, FL 33130-1011</b>	Mailing Address <b>3641 SW 161ST TERRACE MIRAMAR, FL 33027</b>													
<b>DO NOT WRITE IN THIS SPACE</b>														
6. Name and Address of Current Registered Agent  <b>LEYVA, LOURDES 3641 SW 161ST TERRACE MIRAMAR, FL 33027</b>		<b>DO NOT WRITE IN THIS SPACE</b>												
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: _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE: _____														
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>												
10. OFFICERS AND DIRECTORS <table border="1"><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>PD LEYVA, LOURDES 3641 SW 161ST TERRACE MIRAMAR, FL 330271011</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr></table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LEYVA, LOURDES 3641 SW 161ST TERRACE MIRAMAR, FL 330271011	TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<div style="text-align: right;">100000359931 05/05/05-80012-022 150.00</div> <b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LEYVA, LOURDES 3641 SW 161ST TERRACE MIRAMAR, FL 330271011													
TITLE NAME STREET ADDRESS CITY - ST - ZIP														
TITLE NAME STREET ADDRESS CITY - ST - ZIP														
TITLE NAME STREET ADDRESS CITY - ST - ZIP														
TITLE NAME STREET ADDRESS CITY - ST - ZIP														
TITLE NAME STREET ADDRESS CITY - ST - ZIP														
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u><i>L. Leyva</i></u> <b>P.D.</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date: <u>4/28/05</u> Daytime Phone #: <u>305-545-7777</u>														