

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000031710

**FILED**  
**Mar 29, 2011**  
**Secretary of State**

**Entity Name:** ORTHOPEDIC & SPINE SOLUTIONS OF FLORIDA, INC.

**Current Principal Place of Business:**

800 FAIRWAY DRIVE  
DEERFIELD BEACH, FL 33441

**New Principal Place of Business:**

**Current Mailing Address:**

800 FAIRWAY DRIVE  
DEERFIELD BEACH, FL 33441

**New Mailing Address:**

**FEI Number:** 68-0493652

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BORODIAK, IVAN A  
6032 NW 83RD TERRACE  
PARKLAND, FL 33067 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: BORDIAK, IVAN A  
Address: 6032 NW 83RD TERR  
City-St-Zip: PARKLAND, FL 33067

Title: VP  
Name: BORODIAK, HEATHER  
Address: 6032 NW 83RD TERR  
City-St-Zip: PARKLAND, FL 33067

I hereby 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 all other like empowered.

SIGNATURE: IVAN A. BORODIAK

PRES

03/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date