

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000103892

Entity Name: ORTHOMED SOLUTIONS, INC.

FILED
Jan 14, 2005
Secretary of State

Current Principal Place of Business:

12715 S.W. 44TH TERRACE
MIAMI, FL 33175

New Principal Place of Business:

Current Mailing Address:

12715 S.W. 44TH TERRACE
MIAMI, FL 33175

New Mailing Address:

FEI Number: 04-3733046

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PADIN LAW OFFICES, P.A.
1000 PONCE DE LEON BOULEVARD
307
CORAL GABLES, FL 33134 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PEREZ, JAY
Address: 12715 SW 44 TERR
City-St-Zip: MIAMI, FL 33175

Title: ST () Delete
Name: HEREDIA, MIGUEL
Address: 7981 NW 175 ST
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
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: JAY PEREZ

P

01/14/2005

Electronic Signature of Signing Officer or Director

Date