
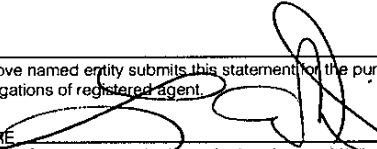
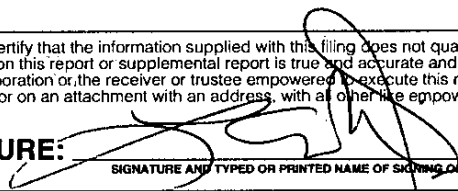


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90359 049 ***150.00

DOCUMENT # P02000127989 1. Entity Name ORTHOPEDIC SURGICAL DEVICES, INC.																											
Principal Place of Business 834 UPLAND RD W PALM BEACH, FL 33401		Mailing Address 834 UPLAND RD W PALM BEACH, FL 33401																									
2. Principal Place of Business - 2502 N Dixie Hwy Suite, Apt. #, etc. 34		3. Mailing Address SAME Suite, Apt. #, etc.																									
City & State LAKE WORTH Zip FL 33460 Country US		City & State Zip Country																									
4. FEI Number 30-0143213		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04182005 Chg-P CR2E034 (10/03)																									
6. Name and Address of Current Registered Agent CANDIOTTI, LAURA 834 UPLAND RD W PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2502 N Dixie Hwy #34 City Lake Worth FL Zip Code 33460																									
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  DATE 4/15/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PS</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CANDIOTTI, LAURA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>834 UPLAND RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>W PALM BEACH, FL 33401</td> <td></td> </tr> </table>		TITLE	PS	<input type="checkbox"/> Delete	NAME	CANDIOTTI, LAURA		STREET ADDRESS	834 UPLAND RD		CITY-ST-ZIP	W PALM BEACH, FL 33401		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PS LAURA CANDIOTTI</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>2502 N. DIXIE HWY. #34</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>LAKE WORTH, FL 33460</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	PS LAURA CANDIOTTI	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	2502 N. DIXIE HWY. #34		STREET ADDRESS	LAKE WORTH, FL 33460		CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: 		Date 4/15/05 Daytime Phone #																									