

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000001016

**FILED**  
**Apr 17, 2012**  
**Secretary of State**

**Entity Name:** ORTHO-FIT PARTNERS, INC.

**Current Principal Place of Business:**

479 HAVEN POINT DR  
TREASURE ISLAND, FL 33706

**New Principal Place of Business:**

**Current Mailing Address:**

479 HAVEN POINT DR  
TREASURE ISLAND, FL 33706

**New Mailing Address:**

FEI Number: 27-0040530

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAYNE, JOAN A  
479 HAVEN POINT DR  
TREASURE ISLAND, FL 33706 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: LAYNE, JOAN A  
Address: 479 HAVEN POINT DR  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: DP  
Name: LAYNE, JOHN G  
Address: 479 HAVEN POINT DR  
City-St-Zip: TREASURE ISLAND, FL 33706

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: JOAN A LAYNE

PRES

04/17/2012

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

\_\_\_\_\_  
Date