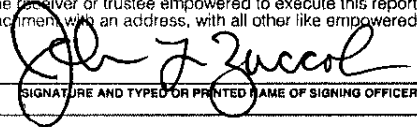


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90153 026 ***150.00

DOCUMENT # P03000019897 1. Entity Name ORTHOSOLUTIONS, INC.					
Principal Place of Business 5060 PINNACLE DRIVE OLDSMAR, FL 34677			Mailing Address 5060 PINNACLE DRIVE OLDSMAR, FL 34677		
2. Principal Place of Business 1754 Captiva Drive Suite, Apt. #, etc.		3. Mailing Address 1754 Captiva Drive Suite, Apt. #, etc.			
City & State Oldsmar, FL Zip 34677		City & State Oldsmar, FL Zip 34677		4. FEI Number 55-0821725	
Country US		Country US		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZUCCOLO, JOHN 5060 PINNACLE DRIVE OLDSMAR, FL 34677			7. Name and Address of New Registered Agent Name Zuccolo, John Street Address (P.O. Box Number is Not Acceptable) 1754 Captiva Drive City Oldsmar FL Zip Code 34677		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZUCCOLO, JOHN 5060 PINNACLE DRIVE OLDSMAR, FL 34677 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1754 Captiva Drive Oldsmar, FL 34677	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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:  John Zuccolo 3/5/05 327 480 3630					