

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000088564

FILED  
Apr 26, 2004  
Secretary of State

Entity Name: GLOBAL ORTHOPAEDIC TECHNOLOGY USA, INC.

## Current Principal Place of Business:

5349 RED LEAF CT  
OVIEDO, FL 32765

## New Principal Place of Business:

## Current Mailing Address:

5349 RED LEAF CT  
OVIEDO, FL 32765

## New Mailing Address:

FEI Number: 06-1704473

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PAUL K. SILVERBERG, PA  
2665 EXECUTIVE PARK DRIVE  
SUITE 3  
WESTON, FL 33331 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: D ( ) Delete  
Name: KNOBLOCH, CARL  
Address: 5349 RED LEAF CT  
City-St-Zip: OVIEDO, FL 32765

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: COO (X) Change ( ) Addition  
Name: KNOBLOCH, CARL A MR.  
Address: 5349 RED LEAF CT  
City-St-Zip: OVIEDO, FL 32765

Title: PRE ( ) Change (X) Addition  
Name: BANKS, STEPHEN MR.  
Address: UNIT 5-12 BODEN ROAD  
City-St-Zip: SEVEN HILLS, NSW, FL 2147 AU

Title: CFO ( ) Change (X) Addition  
Name: MAHER, CHRISTOPHER MR.  
Address: UNIT 5-12 BODEN ROAD  
City-St-Zip: SEVEN HILLS, NSW, FL 2147 AU

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: CARL A. KNOBLOCH

COO

04/26/2004

Electronic Signature of Signing Officer or Director

Date