2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000122756

Entity Name: ORTHOPEDIC DEVELOPMENT CORPORATION

FILED Feb 10, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2730 MCMULLEN BOOTH RD., STE. 203 2189 CLEVELAND STREET CLEARWATER, FL 33761

SUITE 202

CLEARWATER, FL 33765

Current Mailing Address: New Mailing Address:

2730 MCMULLEN BOOTH RD., STE. 203 2189 CLEVELAND STREET CLEARWATER, FL 33761 SUITE 202

CLEARWATER, FL 33765

FEI Number: 20-0349747 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

DOULGERIS, JAMES 2730 MCMULLEN BOOTH RD., STE. 203

CLEARWATER, FL 33761

SCALFARO, FRANK 2189 CLEVELAND STREET SUITE 202 CLEARWATER, FL 33765 US

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: FRANK SCALFARO 02/10/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete DOULGERIS, JAMES Name:

2730 MCMULLEN BOOTH RD., STE. 203 Address:

City-St-Zip: CLEARWATER, FL 33761

Title: () Delete Name: PETERSEN, DAVID A

2730 MCMULLEN BOOTH RD., STE. 203 Address:

CLEARWATER, FL 33761 City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition

SCALFARO, FRANK Name:

2189 CLEVELAND STREET SUITE 202 Address:

City-St-Zip: CLEARWATER, FL 33765

Title: (X) Change () Addition

Name: PETERSEN, DAVID A

Address: 2189 CLEVELAND STREET SUITE 202

CLEARWATER, FL 33765 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: FRANK SCALFARO **CFO** 02/10/2009