

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000093800

Entity Name: ORTHOPEDIC TRAUMA GROUP, INC.

FILED
Feb 11, 2005
Secretary of State

Current Principal Place of Business:

8750 TOREY PINES TERR.
ORLANDO, FL 32819

New Principal Place of Business:

3120 DOWNS COVE RD
WINDERMERE, FL 34786

Current Mailing Address:

8750 TOREY PINES TERR.
ORLANDO, FL 32819

New Mailing Address:

3120 DOWNS COVE RD
WINDERMERE, FL 34786

FEI Number: 20-1271556

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

F&L CORP.
ONE INDEPENDENT DR., STE. 1300
JACKSONVILLE, FL 322025017 US

Name and Address of New Registered Agent:

NGUYEN, EMILY U
3120 DOWNS COVE RD
WINDERMERE, FL 34786 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: EMILY NGUYEN

02/11/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Change (X) Addition
Name: NGUYEN, EMILY U
Address: 3120 DOWNS COVE RD
City-St-Zip: WINDERMERE, FL 34786

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: EMILY NGUYEN

P

02/11/2005

Electronic Signature of Signing Officer or Director

Date