

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000158657

Entity Name: FOCUS ORTHOPEDICS INC

FILED
Mar 19, 2009
Secretary of State

Current Principal Place of Business:

2105 HARTWOOD MARSH RD., STE. 7
CLERMONT, FL 347120550

New Principal Place of Business:

841 OAKLEY SEAVER DRIVE
1B
CLERMONT, FL 34711

Current Mailing Address:

2105 HARTWOOD MARSH RD., STE. 7
CLERMONT, FL 347120550

New Mailing Address:

841 OAKLEY SEAVER DRIVE
1B
CLERMONT, FL 34711

FEI Number: 20-1919671

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MESSIEH, MIKE M.D.
4327 S HWY 27 BOX 321
CLERMONT, FL 34711 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: MESSIEH, MIKE MD
Address: 4327 S HWY 27 BOX 321
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
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: MICHAEL MESSIEH

MD

03/19/2009

Electronic Signature of Signing Officer or Director

Date