
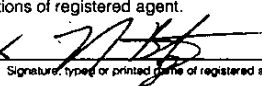
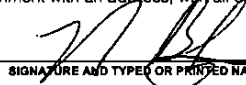


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90010 008 ***150.00

DOCUMENT # P05000035080					
1. Entity Name CAPE ORTHOPEDIC SUPPLY & CONSULTING, INC.					
Principal Place of Business 4615 SW 20TH AVE. CAPE CORAL, FL 33914 US			Mailing Address 4615 SW 20TH AVE. CAPE CORAL, FL 33914 US		
2. Principal Place of Business 1631 Columbian Dr.		3. Mailing Address 1631 Columbian Dr.		03092006 Chg-P CR2E034 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Punta Gorda, FL.		City & State Punta Gorda, FL.		4. FEI Number 42-1662566	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 33950	Country USA	Zip 33950	Country USA		
6. Name and Address of Current Registered Agent BATZ, NICHOLAS J 4615 SW 20TH AVE. CAPE CORAL, FL 33914			7. Name and Address of New Registered Agent		
			Name Nicholas Batz		
			Street Address (P.O. Box Number is Not Acceptable) 1631 Columbian Dr.		
			City Punta Gorda		
			FL Zip Code 33950		
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: 				DATE: 3/15/06	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P BATZ, NICHOLAS J 4615 SW 20TH AVE. CAPE CORAL, FL 33914	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Nicholas Batz 1631 Columbian Dr. Punta Gorda, FL. 33950	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BATZ, NICHOLAS J 4615 SW 20TH AVE. CAPE CORAL, FL 33914	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Nicholas Batz 1631 Columbian Dr. Punta Gorda, FL. 33950	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 				Date: 3/14/06 (239)770-7880	
Signature and typed or printed name of signing officer or director					