

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000079322

FILED
Sep 21, 2011
Secretary of State

Entity Name: REVIVAL ORTHOPAEDICS, INC.

Current Principal Place of Business:

1190 NW 95TH STREET
SUITE 305
MIAMI, FL 33150

New Principal Place of Business:

Current Mailing Address:

1190 NW 95TH STREET
SUITE 305
MIAMI, FL 33150

New Mailing Address:

FEI Number: 71-0983304 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BRIDGES, MARK W MD
1190 NW 95TH STREET
SUITE 305
MIAMI, FL 33150 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

OFFICERS AND DIRECTORS:

Title: P
Name: BRIDGES, MARK MD
Address: 1190 NW 95TH STREET - SUITE 305
City-St-Zip: MIAMI, FL 33150

Title: V
Name: HENRYS, RICHARD MD
Address: 1190 NW 95TH STREET - SUITE 305
City-St-Zip: MIAMI, FL 33150

I hereby 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 all other like empowered.

SIGNATURE: MARK W BRIDGES, MD

PRES

09/21/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date