

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000081724

Entity Name: ORTHO CARE, INC.

FILED
Apr 23, 2010
Secretary of State

Current Principal Place of Business:

777 S. FEDERAL HIGHWAY
UNIT C-302
POMPANO BEACH, FL 33062

Current Mailing Address:

5970 SW 18TH STREET, #312
BOCA RATON, FL 33433

New Principal Place of Business:

2611 NORTH RIVERSIDE DRIVE
#801
POMPANO BEACH, FL 33062

New Mailing Address:

2611 NORTH RIVERSIDE DRIVE
#801
POMPANO BEACH, FL 33062

FEI Number: 20-2987422

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRAYERS, EDMUND
777 S. FEDERAL HIGHWAY
UNIT C-302
POMPANO BEACH, FL 33062 US

Name and Address of New Registered Agent:

TRAYERS, EDMUND
2611 NORTH RIVERSIDE DRIVE
#801
POMPANO BEACH, FL 33062 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: EDMUND TRAYERS

04/23/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: TRAYERS, EDMUND
Address: 2611 NORTH RIVERSIDE DRIVE, #801
City-St-Zip: POMPANO BEACH, FL 33062

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: EDMUND TRAYERS

P

04/23/2010

Electronic Signature of Signing Officer or Director

Date