

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000100705

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** WOODEN BONE ORTHOPEDICS, INC.

**Current Principal Place of Business:**

387 12TH AVE  
INDIAN ROCKS BEACH, FL 33785

**New Principal Place of Business:**

387 12TH AVE  
INDIAN ROCKS BEACH, FL 33785 US

**Current Mailing Address:**

387 12TH AVE  
INDIAN ROCKS BEACH, FL 33785

**New Mailing Address:**

387 12TH AVE  
INDIAN ROCKS BEACH, FL 33785 US

**FEI Number:** 20-5472949

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ZEHNDER, MICHAEL  
387 12TH AVE  
INDIAN ROCKS BEACH, FL 33785 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: PVPS  
Name: ZEHNDER, MICHAEL  
Address: 387 12TH AVE  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785 US

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: MICHAEL ZEHNDER

PVPS

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date