



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000149751 1. Entity Name ORTHOPAEDIC SOLUTIONS INC	
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Principal Place of Business 8627 STONER RD RIVERVIEW, FL 33569 US	Mailing Address 8627 STONER RD RIVERVIEW, FL 33569 US
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DO NOT WRITE IN THIS SPACE


01042008 No Chg-P CR2E034 (11/05)

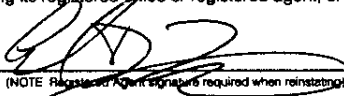
4. FEI Number 20-5976786	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TRAGESSER, ERIK D
8627 STONER RD
RIVERVIEW, FL 33569**

**DO NOT WRITE
IN THIS SPACE**

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 ERIK TRAGESSER  DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signatures required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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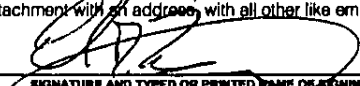
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TRAGESSER, ERIK D 8627 STONER RD RIVERVIEW, FL 33569
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01/08/08-80023-010 150.00

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:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____