

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000008369

FILED  
Jan 21, 2009  
Secretary of State

Entity Name: INNOVATIVE ORTHOPAEDIC DEVICES, INC.

## Current Principal Place of Business:

8917 FROUDE AVENUE  
SURFSIDE, FL 33154

## New Principal Place of Business:

## Current Mailing Address:

8917 FROUDE AVENUE  
SURFSIDE, FL 33154

## New Mailing Address:

FEI Number: 20-8272739

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LIBRIZZI, JOSEPH DST  
102 CLUBHOUSE DRIVE  
#308  
PALM COAST, FL 32137 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: LEBAN, STANLEY  
Address: 8917 FROUD AVENUE  
City-St-Zip: SURFSIDE, FL 33154

Title: DST ( ) Delete  
Name: LIBRIZZI, JOSEPH  
Address: 102 CLUBHOUSE DRIVE #308  
City-St-Zip: PALM COAST, FL 32137

Title: D ( ) Delete  
Name: GORDON, GREGG  
Address: 8 HYATT LANE  
City-St-Zip: SOMERS, NY 10589

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSEPH LIBRIZZI

DST

01/21/2009

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

\_\_\_\_\_  
Date