

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000008369

**FILED**  
**Jan 20, 2012**  
**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:**

102 CLUBHOUSE DRIVE  
#308  
PALM COAST, FL 32137 US

**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

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** LEBAN, STANLEY  
**Address:** 8917 FROUDE AVENUE  
**City-St-Zip:** SURFSIDE, FL 33154

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

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:** JOSEPH LIBRIZZI

DST

01/20/2012

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

\_\_\_\_\_  
Date