2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 18, 2008 8:00 am
Secretary of State
02-12-2008 90019 030 ***150.00

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DOCUMENT # P07000100431

1. Entity Name
NUTEK ORTHOPAEDICS, INC.

66014349

02052008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
301 S.W. 7TH STREET FT. LAUDERDALE, FL 33301	301 S.W. 7TH STREET FT. LAUDERDALE, FL 33301

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 26-0882426 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
E.H.G. RESIDENT AGENTS, INC. 5100 TOWN CENTER CIRCLE, SUITE 430 BOCA RATON, FL 33486	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature 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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS:		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
D MOHAMAD A HASOUN 2406 BARCELONA DR FT LAUD FL 33301	☐ Delete		☐ Change ☐ Addition
D ZOYA HAJIANPOUR 2406 BARCELONA DR FT LAUD FL 33301	☐ Delete		☐ Change ☐ Addition
D JOHN KAELBLEIN 322 HARRISON AVE WESTFIELD NJ 07090	☐ Delete		☐ Change ☐ Addition
D JAMES TYSON 1865 NW 105 AVE PLANTATION FL 33322	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition

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: _____ 2-5-08 954.779-1400
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #