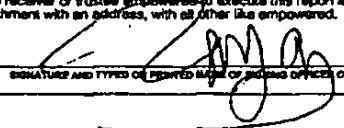


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 18, 2008 8:00 am
Secretary of State

02-12-2008 90019 030 ***150.00

DOCUMENT # P07000100431			
1. Entity Name NUTEK ORTHOPAEDICS, INC.			
Principal Place of Business 301 S.W. 7TH STREET FT. LAUDERDALE, FL 33301		Mailing Address 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 E.H.G. RESIDENT AGENTS, INC. 5100 TOWN CENTER CIRCLE, SUITE 430 BOCA RATON, FL 33486		7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
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 D	NAME Mohammad A. HASANPOUR	TITLE	NAME
STREET ADDRESS 2406 Barcelona Dr	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP FT LAUD FL 33301	CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP
TITLE D	NAME ZOYA HAJIANPOUR	TITLE	NAME
STREET ADDRESS 2406 Barcelona Dr	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP FT LAUD FL 33301	CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP
TITLE D	NAME John Kaelblein	TITLE	NAME
STREET ADDRESS 3221 Harrison Ave	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP Westfield NJ 07090	CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP
TITLE D	NAME JAMES THASDA	TITLE	NAME
STREET ADDRESS 1865 NW 105 AVE	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP Plantation FL 33322	CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP
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 SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66014349



02052008 Chg-P CR2E034 (12/08)