

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000032535

FILED
Jan 13, 2009
Secretary of State

Entity Name: KEYSTONE ORTHOPEDIC GROUP, INC.

Current Principal Place of Business:

7187 BOCA GROVE PLACE, UNIT 101
BRADENTON, FL 34202

New Principal Place of Business:

7187 BOCA GROVE PLACE, UNIT 101
BRADENTON, FL 34202 US

Current Mailing Address:

7187 BOCA GROVE PLACE, UNIT 101
BRADENTON, FL 34202

New Mailing Address:

7187 BOCA GROVE PLACE, UNIT 101
BRADENTON, FL 34202 US

FEI Number: 77-0717656

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RAHTER, J. RICHARD
6670 FIRST AVENUE S.
ST. PETERSBURG, FL 33702 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: PD () Delete
Name: ERJAVEC, CHARLES L
Address: 7187 BOCA GROVE PLACE, UNIT 101
City-St-Zip: BRADENTON, FL 34202

Title: VD () Delete
Name: GLEESON, DAVID
Address: 10120 E. DEER CREEK CLUB RD
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ERJAVEC, CHARLES L
Address: 7187 BOCA GROVE PLACE, UNIT 101
City-St-Zip: BRADENTON, FL 34202 US

Title: VD (X) Change () Addition
Name: GLEESON, DAVID
Address: 10120 E. DEER CREEK CLUB RD
City-St-Zip: JACKSONVILLE, FL 32256 US

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: CHARLES LEWIS ERJAVEC

PD

01/13/2009

Electronic Signature of Signing Officer or Director

Date