

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000058340

**FILED**  
**Mar 31, 2011**  
**Secretary of State**

**Entity Name:** EVOLUTION ORTHOPEDICS INCORPORATED

**Current Principal Place of Business:**

449 HERON AVE  
NAPLES, FL 34108

**New Principal Place of Business:**

27021 EDEN ROCK CT.  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

449 HERON AVE  
NAPLES, FL 34108

**New Mailing Address:**

27021 EDEN ROCK CT.  
BONITA SPRINGS, FL 34135

**FEI Number:** 27-0557012

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

FRICKE, JOSEF O MR.  
449 HERON AVE  
NAPLES, FL 34108 US

**Name and Address of New Registered Agent:**

FRICKE, JOSEF O MR.  
27021 EDEN ROCK CT  
BONITA SPRINGS, FL 34135 US

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:

03/31/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FRICKE, JOSEF O MR.  
Address: 27021 EDEN ROCK CT  
City-St-Zip: BONITA SPRINGS, FL 34135

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: JOSEF OTTO FRICKE

P

03/31/2011

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

\_\_\_\_\_  
Date