

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000090965

FILED
Jan 07, 2011
Secretary of State

Entity Name: ORTHOPEDIC DESIGNS NORTH AMERICA, INC.

Current Principal Place of Business:

5804 BRECKENRIDGE PARKWAY
SUITE A
TAMPA, FL 33610 US

New Principal Place of Business:

5912 BRECKENRIDGE PARKWAY
SUITE F
TAMPA, FL 33610 US

Current Mailing Address:

5804 BRECKENRIDGE PARKWAY
SUITE A
TAMPA, FL 33610 US

New Mailing Address:

5912 BRECKENRIDGE PARKWAY
SUITE F
TAMPA, FL 33610 US

FEI Number: 27-1242202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASEK, CHARLES A JR.
5804 BRECKENRIDGE PARKWAY
SUITE A
TAMPA, FL 33610 US

Name and Address of New Registered Agent:

MASEK, CHARLES A JR.
5912 BRECKENRIDGE PARKWAY
SUITE F
TAMPA, FL 33610 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:

01/07/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: MASEK, CHARLES A JR.
Address: 3108 BRUTON ROAD
City-St-Zip: PLANT CITY, FL 33565 US

Title: CFO
Name: HARTFORD, ROBERT E
Address: 501 WEXFORD DRIVE EAST
City-St-Zip: PALM HARBOR, FL 34683 US

Title: VP
Name: SALOMON, MARK
Address: 6625 THOROUGHbred LOOP
City-St-Zip: ODESSA, FL 33556 US

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: CHARLES A. MASEK JR.

PRES

01/07/2011

Electronic Signature of Signing Officer or Director

Date