

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000016683

**FILED**  
**May 02, 2011**  
**Secretary of State**

**Entity Name:** BENT TREE ORTHOPEDICS, INC.

**Current Principal Place of Business:**

2257 VISTA PARKWAY SUITE 23  
WEST PALM BEACH, FL 33411

**New Principal Place of Business:**

2257 VISTA PARKWAY  
SUITE 23  
WEST PALM BEACH, FL 33411

**Current Mailing Address:**

2257 VISTA PARKWAY SUITE 23  
WEST PALM BEACH, FL 33411

**New Mailing Address:**

2257 VISTA PARKWAY  
SUITE 23  
WEST PALM BEACH, FL 33411

**FEI Number:** 27-2561099

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SUPERBIZ REGISTERED AGENT, INC.  
2761 VISTA PARKWAY, SUITE E-4  
WEST PALM BEACH, FL 33411 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

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** MAUGER, MIKE  
**Address:** 2257 VISTA PARKWAY SUITE 23  
**City-St-Zip:** WEST PALM BEACH, FL 33411

**Title:** VD  
**Name:** CASORIA, SIMON  
**Address:** 2257 VISTA PARKWAY SUITE 23  
**City-St-Zip:** WEST PALM BEACH, FL 33411

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:** SIMON CASORIA

VD

05/02/2011

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

\_\_\_\_\_  
Date