2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000017287

FILED
Jul 12, 2006
Secretary of State

Entity Name: BERRY ORTHOPEDIC, INC.

Current Principal Place of Business:

16800 NW 2ND AVE
STE 603
NORTH MIAMI BEACH, FL 33169

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 596
OPALOCKA, FL 33054

New Mailing Address:

FEI Number: 65-0571924 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BERRY, RAYMOND
16800 NW 2ND AVE
STE 603
N MIAMI, FL 33169 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	BERRY, RAYMOND	
Address:	PO BOX 596	
City-St-Zip:	OPA LOCKA, FL 33054	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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: RAYMOND BERRY MR. 07/12/2006

Electronic Signature of Signing Officer or Director Date