

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000040539

FILED
Apr 11, 2005
Secretary of State

Entity Name: ORTHOPEDIC RESEARCH LABS, INC.

Current Principal Place of Business:

3209 LANDMARK DRIVE
SUITE 4404
CLEARWATER, FL 33761

New Principal Place of Business:

Current Mailing Address:

2519 MCMULLEN BOOTH ROAD
SUITE 510-326
CLEARWATER, FL 33761

New Mailing Address:

FEI Number: 59-3380443

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEAQUINO, ANTHONY
OLESIEWICZ & DEAQUINO, P A
2101 W COMMERCIAL BLVD, SUITE 4800
FT LAUDERDALE, FL 33309 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: NIARHOS, THEODORE
Address: 3209 LANDMARK DRIVE, #4404
City-St-Zip: CLEARWATER, FL

Title: VD () Delete
Name: NIARHOS, CAROLYN
Address: 3209 LANDMARK DRIVE, #4404
City-St-Zip: CLEARWATER, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 Section 119.07(3)(i), 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: CAROLYN NIARHOS

VD

04/11/2005

Electronic Signature of Signing Officer or Director

Date