

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000050084

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: ISLAND COAST ORTHOPEDICS, INC.

**Current Principal Place of Business:**

923 DEL PRADO 207  
CAPE CORAL, FL 33909 US

**New Principal Place of Business:**

**Current Mailing Address:**

2003 NE 3RD ST  
CAPE CORAL, FL 33909 US

**New Mailing Address:**

FEI Number: 65-0673880      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

RYDER, JOSHUA C  
2003 NE 3 STREET  
CAPE CORAL, FL 33909 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: D ( ) Delete  
Name: RYDER, JOSH  
Address: 2003 NE 3 STREET  
City-St-Zip: CAPE CORAL, FL 33909

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP ( ) Change (X) Addition  
Name: RYDER, SARA L  
Address: 2003 NE THIRD STREET  
City-St-Zip: CAPE CORAL, FL 33909 US

I hereby certify that the information supplied with this filing does not qualify 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: JOSHUA C. RYDER

PRES

03/24/2009

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

\_\_\_\_\_ Date