

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000009077

Entity Name: BOHICA ORTHOPEDICS, INC.

FILED
Apr 26, 2005
Secretary of State

Current Principal Place of Business:

305 CLYDE MORRIS BLVD.
SUITE 200
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

Current Mailing Address:

305 CLYDE MORRIS BLVD.
SUITE 200
ORMOND BEACH, FL 32174 US

New Mailing Address:

FEI Number: 59-3433846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOWER, GREGORY M
305 CLYDE MORRIS BLVD.
SUITE 200
ORMOND BEACH, FL 32174 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: LOWER, GREGORY M
Address: 12 JUNIPER DRIVE
City-St-Zip: ORMOND BEACH, FL 32174 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LOWER, GREGORY M
Address: 9 OAK ST
City-St-Zip: PORT ORANGE, FL 32127 US

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: GREGORY M LOWER

D

04/26/2005

Electronic Signature of Signing Officer or Director

Date