

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000032261

FILED
Sep 08, 2004
Secretary of State

Entity Name: ORTHOPEDIC INNOVATIONS, INC.

Current Principal Place of Business:

4362 NORTHLAKE BLVD
SUITE 100-102
PALM BEACH GARDEN, FL 33410

New Principal Place of Business:

4362 NORTHLAKE BLVD
SUITE 211
PALM BEACH GARDEN, FL 33410

Current Mailing Address:

4362 NORTHLAKE BLVD
SUITE 100-102
PALM BEACH GARDEN, FL 33410

New Mailing Address:

4362 NORTHLAKE BLVD
SUITE 211
PALM BEACH GARDEN, FL 33410

FEI Number: 65-0751693

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323010000 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: KAIRIS, STEVEN J
Address: 10265 HUNT CLUB LANE
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KAIRIS, STEVEN J
Address: 493 PRESTWICK CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: STEVEN J. KAIRIS

PRES

09/08/2004

Electronic Signature of Signing Officer or Director

Date