

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000097132

FILED
Feb 24, 2005
Secretary of State

Entity Name: ADVANCED ORTHOPEDIC SYSTEMS, INC.

Current Principal Place of Business:

1844 WEST FAIRBANKS AVE.
SUITE 202
WINTER PARK, FL 32789 US

New Principal Place of Business:

1844 WEST FAIRBANKS AVE.
WINTER PARK, FL 32789 US

Current Mailing Address:

1844 W FAIRBANKS AVE
WINTER PARK, FL 32789 US

New Mailing Address:

FEI Number: 59-3497413 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DEPAULIS, DON
1844 WEST FAIRBANKS AVE.
WINTER PARK, FL 32789 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: DSTC () Delete
Name: DEPAULIS, DON
Address: 7145 LAKE DRIVE
City-St-Zip: ORLANDO, FL 32809

Title: PD () Delete
Name: PAPPADAKIS, DANIEL
Address: 7145 LAKE DRIVE
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDST (X) Change () Addition
Name: DEPAULIS, DON
Address: 7145 LAKE DRIVE
City-St-Zip: ORLANDO, FL 32809

Title: VPDC (X) Change () Addition
Name: PAPPADAKIS, DANIEL
Address: 7145 LAKE DRIVE
City-St-Zip: ORLANDO, FL 32809

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: DON DEPAULIS

PDST

02/24/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date