
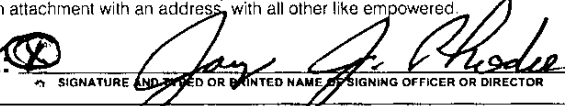


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90022 002 ***150.00

DOCUMENT # P98000015369			
1. Entity Name RHODES ORTHOPAEDICS, INC.			
Principal Place of Business 18491 N. TAMiami TRAIL UNIT A2 N. PORT MYERS, FL 33903 US		Mailing Address 18491 N. TAMiami TRAIL UNIT A2 N. PORT MYERS, FL 33903 US	
2. Principal Place of Business - No P.O. Box # 1621 No. Tamiami TRAIL Suite, Apt. #, etc. #1		3. Mailing Address 1621 No. Tamiami TRAIL Suite, Apt. #, etc. #1	
City & State No. Ft. MYERS, FLA.		City & State No. Ft. MYERS, FLA.	
Zip 33903	Country USA	Zip 33903	Country USA
6. Name and Address of Current Registered Agent RHODES, JAY 4091 ENCLAVE PLACE PORT CHARLOTTE, FL 33980		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RHODES, JAY J 4091 ENCLAVE PL PORT CHARLOTTE, FL 33980 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RHODES, RACHEL 4091 ENCLAVE PL PORT CHARLOTTE, FL 33980 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: 1/31/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

40114691



01292007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3496241

Applied For	
Not Applicable	

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required