## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 12, 2004 8:00 am Secretary of State

DOCUMENT # P98000107453  1. Entity Name ORTHOPEDIC IMPLANT CONSULTANTS, INC.								03-12-2	2004 90	009 01	.9 ***15	50.00
Principal Plac		Mailing Address				' I						
505 NW 65 COURT 102			505 NW 65 COURT 102							5	An15	432
FORT LAUDERDALE, FL 33309			FORT LAUDERDALE, FL 33309				L INNIFERI F	I IIII iiii Erii e	Olif Solul Mail			
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02032004	Chg-P	c	R2E034	4 (10/03)	
City & State			City & State				4. FEI Numb				<del></del>	oplied For ot Applicable
Zip	Country		Zip Cour		try 5.			of Status Des	ired [		8.75 Add	
6. Name and Address of Current Registered Agent							7. Name and	Address of N	lew Regis			<u> </u>
TUODO EDANIA											_	
RUSSO, FRANK 2761 NE 8TH COURT POMPANO BEACH, FL 33062					Street Address (P.O. Box Number is Not Acceptable)							
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					City					FL	Zip Cod	
	named entity submits thi	s statement for the	ourpose of changing its	register	ed office or re	egistere	ed agent, or bo	th, in the State	of Florida.	. I am fai	miliar with,	and accept
the obligations of registered agent.												
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.   7. Trust Fund Contribution.   7. St.00 May Be Added to Fees												
10.		FICERS AND DIRE	CTORS	11.	4		ADDITIONS	/CHANGES TO	OFFICER	S AND E	DIRECTOR	3 IN 11
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12. I hereby	certify that the information	r Supplied with this	filing does not qualify for		'-ST-ZIP emption state	d in Se	ction 119.07(3)	(i), Florida Stat	tutes. I furt	her certif	v that the i	nformation
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplier intal 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 for 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 attactment with any address, with all other like empowered.												
SIGNAT	URE: ZW	ve 14. 7	willo 1	RE	5102~	7	<u> </u>	x 3/	9/04	95	4-714	-79 <u>3</u> 3
1	SIGNATURI	E AND TYPED OR PRINTE	D NAME OF SIGNING OFFICER	OR DIREC	TOR			Date		Day	time Phone #	