

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000107453

**FILED**  
**Jan 27, 2012**  
**Secretary of State**

**Entity Name:** ORTHOPEDIC IMPLANT CONSULTANTS, INC.

**Current Principal Place of Business:**

505 NW 65 COURT  
102  
FORT LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

505 NW 65 COURT  
102  
FORT LAUDERDALE, FL 33309

**New Mailing Address:**

**FEI Number:** 65-0886502

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RUSSO, FRANK  
505 NORTHWEST 65 COURT #102  
FORT LAUDERDALE, FL 33309 US

**Name and Address of New Registered Agent:**

RUSSO, FRANK  
505 NW 65 COURT  
102  
FORT LAUDERDALE, FL 33309 US

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

01/27/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPTS  
Name: RUSSO, FRANK  
Address: 505 NW 65TH COURT #102  
City-St-Zip: FORT LAUDERDALE, FL 33309

I hereby 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 all other like empowered.

SIGNATURE: FRANK RUSSO

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DPTS

01/27/2012

\_\_\_\_\_  
Date