2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2007
Secretary of State

DOCUMENT# P99000032558

Entity Name: MAVERICK ORTHOPEDICS, INC.

Current Principal Place of Business:

10628 QUAIL RIDGE DR
SAINT AUGUSTINE, FL 32095

New Principal Place of Business:

10628 QUAIL RIDGE DR
PONTE VEDRA, FL 32081

Current Mailing Address:

10628 QUAIL RIDGE DR
SAINT AUGUSTINE, FL 32095

New Mailing Address:

10628 QUAIL RIDGE DR
PONTE VEDRA, FL 32081

FEI Number: 59-3575370 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCNALLY, DAVID A
10628 QUAIL RIDGE DR
SAINT AUGUSTINE, FL 32095 US

Name and Address of New Registered Agent:

MCNALLY, DAVID A
10628 QUAIL RIDGE DR
PONTE VEDRA, FL 32081 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: _____ 04/22/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MCNALLY, DAVID A
Address: 10628 QUAIL RIDGE DR
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: D ( ) Delete
Name: MCNALLY, SHEILA C
Address: 10628 QUAIL RIDGE DR
City-St-Zip: SAINT AUGUSTINE, FL 32095

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MCNALLY, DAVID A
Address: 10628 QUAIL RIDGE DR
City-St-Zip: PONTE VEDRA, FL 32081

Title: D (X) Change ( ) Addition
Name: MCNALLY, SHEILA C
Address: 10628 QUAIL RIDGE DR
City-St-Zip: PONTE VEDRA, FL 32081

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: SHEILA C. MCNALLY SEC 04/22/2007
Electronic Signature of Signing Officer or Director — Date