
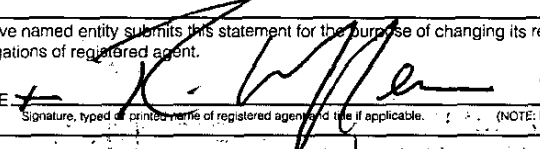
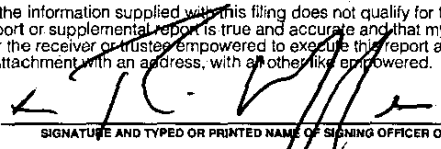


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90774 021 ***150.00

DOCUMENT # P99000068049 1. Entity Name ORTHOPEDIC ADVOCATES, INC.																																			
Principal Place of Business 6011 NE 19TH AVE. FORT LAUDERDALE, FL 33308 US		Mailing Address 6011 NE 19TH AVE. FORT LAUDERDALE, FL 33308 US																																	
2. Principal Place of Business 936 SE 10TH WAY Suite, Apt. #, etc.		3. Mailing Address 936 SE 10TH WAY Suite, Apt. #, etc.																																	
City & State POMPANO BEACH, FL Zip 33060-9523		City & State POMPANO BEACH, FL Zip 33060-9523																																	
Country USA		Country USA																																	
4. FEI Number 65-0939969		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent UFFENS, RONALD H. 6011 NE 19TH AVE. FORT LAUDERDALE, FL 33308		7. Name and Address of New Registered Agent - Name Street Address (P.O. Box Number is Not Acceptable) 936 SE 10TH WAY City POMPANO BEACH FL Zip Code 33060-9523																																	
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:  RONALD N. UFFENS DATE: 4/28/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> D UFFENS, RONALD H 12200 NW 2ND STREET CORAL SPRINGS, FL 33071 </td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UFFENS, RONALD H 12200 NW 2ND STREET CORAL SPRINGS, FL 33071		<input type="checkbox"/> Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 936 SE 10TH WAY POMPANO BEACH, FL 33060-9523 </td> </tr> <tr><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 936 SE 10TH WAY POMPANO BEACH, FL 33060-9523		<input type="checkbox"/> Change <input type="checkbox"/> Addition												
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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 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 another like empowered. RONALD N. UFFENS PRESIDENT SIGNATURE:  DATE: 4/28/04 (954) 559-7474 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																			