

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90043 014 \*\*\*150.00

**DOCUMENT # V19170**

1. Entity Name  
**ORTHO CONCEPTS, INC.**



Principal Place of Business

**8720 N. KENDALL DR  
SUITE 206  
MIAMI, FL 33176 US**

Mailing Address

**GELBER & COMPANY  
11450 INTERCHANGE CIR N  
MIRAMAR, FL 33025**



02192008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0322389**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**KRAMER, ROBERT M  
4000 HOLLYWOOD BLVD  
SUITE 485 SOUTH  
HOLLYWOOD, FL 33021**

**DO NOT WRITE  
IN THIS SPACE**

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

*Robert M. Kramer*  
Signature, typed or printed name of the person signing (Required when reinstating)

DATE

*2/19/08*

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>WILK, BRUCE</b>
STREET ADDRESS	<b>8720 N. KENDALL DR STE 206</b>
CITY - ST - ZIP	<b>MIAMI, FL</b>
TITLE	<b>D</b>
NAME	<b>STENBACK, JEFFREY T</b>
STREET ADDRESS	<b>8720 N. KENDALL DR. STE 206</b>
CITY - ST - ZIP	<b>MIAMI, FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: *Bruce Wilk*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Print me Phone #

*2/19/08*

*3055969425*