2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V66741

Entity Name: LENNON ORTHOPEDICS, INC.

FILED Apr 27, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5639 NATOMA DRIVE 5820 SILVERY LANE FT. MYERS, FL 33919 FT. MYERS, FL 33919

Current Mailing Address: New Mailing Address:

5639 NATOMA DRIVE 5820 SILVERY LANE FT. MYERS, FL 33919 FT. MYERS, FL 33919

FEI Number: 65-0359143 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

KIRKPATRICK, PHILLIPS & MILLER
% LARRY ELLISON
5639 NATOMA DR
FORT MYERS, FL 33919 US

KIRKPATRICK, PHILLIPS & MILLER
% LARRY ELLISON
5820 SILVERY LANE
FORT MYERS, FL 33919 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: 04/27/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

() Delete

Title:

CFO

OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 LENNON, STEVEN M.,
 Name:
 LENNON, STEVEN M.,

 Address:
 5639 NATOMA DRIVE
 Address:
 5820 SILVERY LANE

 City-St-Zip:
 FT. MYERS, FL 33919
 City-St-Zip:
 FT. MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify 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: STEVEN M LENNON MR 04/27/2008