

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002972

Entity Name: ACOR ORTHOPAEDIC, INC.

Current Principal Place of Business:

18530 SOUTH MILES ROAD
WARRENSVILLE HTS, OH 44128

Current Mailing Address:

18530 SOUTH MILES ROAD
WARRENSVILLE HTS, OH 44128

FEI Number: 34-0948627

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALAIMO, JEFFREY
555 5TH AVENUE N.E.
SUITE 911
ST. PETERSBURG, FL 33701 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

_____ Date

Officer/Director Detail :

| | | | |
|-----------------|---------------------------|-----------------|---------------------------|
| Title | PD | Title | DST |
| Name | ALAIMO, GREGORY A | Name | ALAIMO, JEFFREY |
| Address | 18530 SOUTH MILES ROAD | Address | 18530 SOUTH MILES ROAD |
| City-State-Zip: | WARRENSVILLE HTS OH 44128 | City-State-Zip: | WARRENSVILLE HTS OH 44128 |

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: JEFFREY ALAIMO

PRESIDENT

01/15/2013

Electronic Signature of Signing Officer/Director Detail

Date