

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000002210

**FILED**  
**Mar 18, 2014**  
**Secretary of State**  
**CC4579810019**

**Entity Name:** ORTHO TECHNOLOGY, INC.

**Current Principal Place of Business:**

17401 COMMERCE PARK BLVD  
TAMPA, FL 33647

**Current Mailing Address:**

17401 COMMERCE PARK BLVD  
TAMPA, FL 33647

**FEI Number: 45-5042500**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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           SVPD  
Name           ETTINGER, MICHAEL S  
Address        135 DURYE A ROAD  
City-State-Zip: MELVILLE NY 11747

Title           DVC  
Name           PALADINO, STEVEN  
Address        135 DURYE A ROAD  
City-State-Zip: MELVILLE NY 11747

Title           DVP  
Name           MLOTEK, MARK E  
Address        135 DURYE A ROAD  
City-State-Zip: MELVILLE NY 11747

Title           P  
Name           BRESLAWSKI, JAMES P  
Address        135 DURYE A ROAD  
City-State-Zip: MELVILLE NY 11747

Title           T  
Name           JAHNEL, FERDINAND G  
Address        135 DURYE A ROAD  
City-State-Zip: MELVILLE NY 11747

*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: MICHAEL ETTINGER**

**SECRETARY**

**03/18/2014**

Electronic Signature of Signing Officer/Director Detail

Date