

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000002210

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

**Current Principal Place of Business:**

4614 PET LANE  
D-101  
LUTZ, FL 33559

**Current Mailing Address:**

135 DURYE A ROAD EAST-330  
MELVILLE, NY 11747 US

**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 DVP  
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 VP, GENERAL MANAGER  
Name DREIFUSS, TED  
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 S ETTINGER

**SECRETARY**

**04/13/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date