

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000004015

FILED
Jan 04, 2012
Secretary of State

Entity Name: ORTHOPEDIATRICS CORP.

Current Principal Place of Business:

2850 FRONTIER
WARSAW, IN 46582

New Principal Place of Business:

Current Mailing Address:

2850 FRONTIER
WARSAW, IN 46582

New Mailing Address:

FEI Number: 26-1761833

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CEOP
Name: THRODAHL, MARK C
Address: 2850 FRONTIER
City-St-Zip: WARSAW, IN 46582

Title: DVP
Name: ODLE, GREG
Address: 2850 FRONTIER
City-St-Zip: WARSAW, IN 46582

Title: DVP
Name: BAILEY, DAVID R
Address: 2850 FRONTIER
City-St-Zip: WARSAW, IN 46582

Title: DT
Name: MILLER, STEVE
Address: 2850 FRONTIER
City-St-Zip: WARSAW, IN 46582

Title: D
Name: DEETER, NICK A
Address: 2850 FRONTIER
City-St-Zip: WARSAW, IN 46582

Title: D
Name: SCHLOTTERBACK, TERRY
Address: 2850 FRONTIER
City-St-Zip: WARSAW, IN 46582

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: DANIEL J. GERRITZEN

VP

01/04/2012

Electronic Signature of Signing Officer or Director

Date