2000 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 24, 2000 8:00 am
Secretary of State
04-12-2000 90180 034 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # K08940

1. Entity Name

~~TRIESTE & ASSOCIATES, INC.~~

ORTHOPAEDIC ~~RESEARCH~~ RESOURCE, INC.

Principal Place of Business	Mailing Address
~~805 G. SOUTH ORLANDO AVENUE~~ WINTER PARK FL 32789 US	~~805 G. SOUTH ORLANDO AVENUE~~ WINTER PARK FL 32789-4869 US

2. Principal Place of Business: 1300 MINNESOTA AVE.	3. Mailing Address: SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WINTER PARK, FL.	City & State: SAME
Zip: 32789 Country: ORANGE	Zip: Country:

4. FEI Number 59-2870916 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TRIESTE, MICHAEL L. 805 G. SOUTH ORLANDO AVENUE WINTER PARK FL 32789	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 Michael L. Trieste MICHAEL L. TRIESTE 4/7/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete TRIESTE, MICHAEL 805 G. SOUTH ORLANDO AVENUE WINTER PARK FL 32789	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael L. Trieste MICHAEL L. TRIESTE 4/7/2000 407-331-5551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #