

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K83195** (3)
1. Corporation Name
ORTHO-MED DEVICES, INC.



Principal Place of Business: **1401 E. 4TH AVENUE, 101, HIALEAH FL 33010, US**
Mailing Address: **1401 E. 4TH AVENUE, 101, HIALEAH FL 33010, US**

3. Date Incorporated or Qualified: **04/25/1989**
3a. Date of Last Report: **04/24/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for Suite, City & State, Zip, and Country.

4. FEI Number: **NOT APPLICABLE**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**QUIRANTES, TULIO
1401 E 4TH AVE
SUITE 102
HIALEAH FL 33010**

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entry for DPTS QUIRANTES, TULIO at 1401 E. 4TH AVE., SUITE 102, HIALEAH FL.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1-6. TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes handwritten entry: 500001823175 -05/15/96--01099--003 ***400.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **5/6/96** (305) 882-8800

CR2E034 (12/95)