

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P94000030539 (8)**

1. Corporation Name

**BIOMECHANICAL TRAUMA ASSOCIATES, INC.**



Principal Place of Business: **1167 HILLSBORO MILE 616-F HILLSBORO BEACH FL 33062 US**  
Mailing Address: **1167 HILLSBORO MILE 616-F HILLSBORO BEACH FL 33062 US**

3. Date Incorporated or Qualified: **04/21/1994**      3a. Date of Last Report: **04/14/1995**  
4. FEI Number: **65-0488135**      Applied For:  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

2. Principal Place of Business: **21** Suite, Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**  
2a. Mailing Address: **26** Suite, Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent: **FILINGS INC. 3732 N.W. 16TH ST. FT LAUDERDALE FL 33311**

10. Name and Address of New Registered Agent: **81 Name: NANCY CORSO**  
**82 Street Address (P.O. Box Number is Not Acceptable): 1167 HILLSBORO MILE #616**  
**83**  
**84 City: HILLSBORO BEACH FL 85 Zip Code: 33062**

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: *[Signature]*      DATE: **4/16/96**

12. OFFICERS AND DIRECTORS

|                 |                                 |                                 |
|-----------------|---------------------------------|---------------------------------|
| TITLE           | <b>D</b>                        | <input type="checkbox"/> DELETE |
| NAME            | <b>CORSO, NANCY</b>             |                                 |
| STREET ADDRESS  | <b>1167 HILLSBORO MILE #616</b> |                                 |
| CITY - ST - ZIP | <b>HILLSBORO BEACH FL 33062</b> |                                 |
| TITLE           |                                 | <input type="checkbox"/> DELETE |
| NAME            |                                 |                                 |
| STREET ADDRESS  |                                 |                                 |
| CITY - ST - ZIP |                                 |                                 |
| TITLE           |                                 | <input type="checkbox"/> DELETE |
| NAME            |                                 |                                 |
| STREET ADDRESS  |                                 |                                 |
| CITY - ST - ZIP |                                 |                                 |
| TITLE           |                                 | <input type="checkbox"/> DELETE |
| NAME            |                                 |                                 |
| STREET ADDRESS  |                                 |                                 |
| CITY - ST - ZIP |                                 |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE           |   |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE           |   |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE           |   |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE           |   |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE           |   |
| 6.2 NAME            |   |
| 6.3 STREET ADDRESS  |   |
| 6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 in an attachment with an address.

SIGNATURE: *[Signature]*      DATE: **4/16/96**      Daytime Phone #: **800741-7015**

CR2E034 (12/95)