

# 2001 UNIFORM BUSINESS-REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90097 048 \*\*\*150.00

0107280

**DOCUMENT # P00000049077**

1. Entity Name

**BRANIER ORTHOPEDIC, INC.**

Principal Place of Business

4933 SHERIDAN STREET  
 HOLLYWOOD FL 33021

Mailing Address

4933 SHERIDAN STREET  
 HOLLYWOOD FL 33021

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1086220

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

LANIER, KAREN  
 4933 SHERIDAN STREET  
 HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name

William LANIER

Street Address (P.O. Box Number is Not Acceptable)

4933 Sheridan ST

City

Hollywood

FL

Zip Code  
 33021

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

*Karen Lanier*

*William Lanier* 4-10-01

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, 2001 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

TITLE: P  Delete  
 NAME: LANIER, KAREN  
 STREET ADDRESS: 4933 SHERIDAN STREET  
 CITY-ST-ZIP: HOLLYWOOD FL 33021

TITLE: S  Delete  
 NAME: FILIPPELLI, TERRY  
 STREET ADDRESS: 4933 SHERIDAN STREET  
 CITY-ST-ZIP: HOLLYWOOD FL 33021

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: President  Change  Addition  
 NAME: William LANIER  
 STREET ADDRESS: 4933 SHERIDAN ST  
 CITY-ST-ZIP: Hollywood FL 33021

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

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:

*William Lanier* William Lanier  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-01

9549663960

Date

Daytime Phone #

*Terry Filippelli* Terry Filippelli

4-10-01

9549663960

CR2E034 (10/00)