

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # 327917

1. Entity Name
ORTHOPEDIC BRACE, INC.



Principal Place of Business

**836 EXECUTIVE LANE
SUITE 110
ROCKLEDGE, FL 32955**

Mailing Address

**836 EXECUTIVE LANE
SUITE 110
ROCKLEDGE, FL 32955**



04032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1202790

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BANKS, BONNIE J
836 EXECUTIVE LANE
SUITE 110
ROCKLEDGE, FL 32955**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	WILKINS, JOHN G.
STREET ADDRESS	836 EXECUTIVE LANE SUITE 110
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	P
NAME	WILKINS KAREN
STREET ADDRESS	EXECUTIVE LANE SUITE 110
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	VP
NAME	HARRELL, NEEDHAM E
STREET ADDRESS	3455 GRANT RD
CITY-ST-ZIP	GRANT, FL
TITLE	TS
NAME	BANKS, BONNIE J
STREET ADDRESS	836 EXECUTIVE LANE SUITE 110
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/20/07-80163-014 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Bonnie J. Banks **BONNIE J. BANKS**

4/10/07

321 639-0277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #