

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001136

1. Entity Name

ORTHAHEEL USA, LTD.

FILED

02 MAR 22 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

231 ROYAL PALM WAY, SUITE 100  
PALM BEACH FL 33408

Mailing Address

231 ROYAL PALM WAY, SUITE 100  
PALM BEACH FL 33408

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

65-1096453

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

VALDES FAUL CORPORATE SERVICES, INC.  
777 SOUTH FLAGLER DRIVE, SUITE 500 EAST  
WEST PALM BEACH FL 33401

Name

HRAWG CORP.

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

1801 N. MILITARY TRAIL

SUITE 200

City

BOCA RATON

FL

Zip Code

33431

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

*Larry Corne*

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

DATE

9. Capital Contributions  
as Shown on record.

\$1,000,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$60,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # L00000007643  
NAME FLOYD ORTHOTICS, LLC  
STREET ADDRESS 231 ROYAL PALM WAY, SUITE 100  
CITY-ST-ZIP PALM BEACH FL 33408

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # P00000063962  
NAME USORTHO G.P., INC.  
STREET ADDRESS 2000 GLADES ROAD, SUITE 400  
CITY-ST-ZIP BOCA RATON FL 33431

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3/14/02 (561) 347-7692

CR2E003 (9/01)