

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

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 Corwin*
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 #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS **0000005182260--9**
-04/02/02--01029--008
CITY-ST-ZIP *****508.75 ***508.75**

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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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **3/14/02** Daytime Phone # **(561) 347-7692**

CR2E003 (9/01)