

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL -1 AM 10:38

DOCUMENT # A00000001136

1. Entity Name
ORTHAHEEL USA, LTD.



Principal Place of Business
231 ROYAL PALM WAY, SUITE 100
PALM BEACH, FL 33408

P.O. Box 2163

Mailing Address
231 ROYAL PALM WAY, SUITE 100
PALM BEACH, FL 33408

P.O. Box 2163

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1096453

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HRAWG CORP
1801 N. MILITARY TRAIL, SUITE 200
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name

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

100017223531

04/28/03--01134--008 **526.25

City

FL

Zip Code

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.

DATE

9. Capital Contributions

as Shown on record. \$1,000,000.00

10. Amount of Capital Contributions

In FLORIDA to date.

\$120,000

11. MAKE CHECK PAYABLE TO FL 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 P.O. Box 2163
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
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Floyd Orthotics, LLC

Date

Daytime Phone #

713-495-4600

STAPLE CHECK HERE

032E003 (10/02)