192

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000001182

1. Entity Name

ORTHOPEDIC ENGINEERING SYSTEMS, LTD.

FILED
01 AUG -1 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
c/o Stewart A. Marshall, III,Esq. 255 South Orange Avenue, 17th Fl Orlando, FL 32801	1407 E. Robinson St Orlando, FL 32801

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 59-3335165 ☐ 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
Jerome P. McCauley, C.P.A. 1407 E. Robinson Street Orlando, FL 32801	Name Street Address (P.O. Box Number is Not Acceptable) 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.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. $6,951.58

10. Amount of Capital Contributions in FLORIDA to date. $6,951.58

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 # / NAME / STREET ADDRESS / CITY-ST-ZIP	P94000024796 O.E.S., Inc. 255 SouthOrange Avenue 17th Fl Orlando, FL 32801-3413	STREET ADDRESS / CITY-ST-ZIP	300004513813--5
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CR2E003 (11/00)

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: OES, Inc., General Partner by: Lynne Marshall Smith, secty
Lynne Marshall Smith, Secretary 404-843-7860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date 7/26/01 Daytime Phone #

ask for S.A. Marshall