

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 17 AM 10:34

DOCUMENT # **G33104** (2)

1. Corporation Name

ORTHOPAEDIC SYSTEMS, INC.

ADDRESS CHANGE

Principal Place of Business

Mailing Address

11243-5 ST. JOHNS INDUSTRIAL PKWY
JACKSONVILLE FL 32216

11243-5 ST. JOHNS INDUSTRIAL PKWY
JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/13/1983	3a. Date of Last Report 02/01/1994
4. FEI Number 59-2274892	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1563 Alfonso Place	2a. Mailing Address 26 1563 Alfonso Place
Suite, Apt. #, etc. 22 Suite #1	Suite, Apt. #, etc. 27 Suite #1
City & State 23 Stax. Fla	City & State 28 Stax. Fla
Zip 24 32207	Country 25 Dual

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PETTIT, ALGERNON M. 730 FOUNDED WAY PONTE VEDRA BCH FL 32082		100 COASTAL OAKS circle Ponte Vedra FL 32082	
B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)	B3	B4 City
			FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D/P
NAME	PETTIT, ALGERNON M.
STREET ADDRESS	11243-5 ST. JOHNS IND PK
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D
NAME	PETTIT, JEAN B.
STREET ADDRESS	11243-5 ST. JOHNS IND PK
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	V
NAME	CARTER, GEORGE
STREET ADDRESS	11243-5 ST. JOHNS IND PK
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Algernon Pettit* 3-15-95 904-348-8580
 SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR _____ DATE _____ DAYTON NUMBER _____