

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90221 019 ***150.00

DOCUMENT # G79000

1. Entity Name
PALM ORTHOPEDICS, INC.



Principal Place of Business
**411 9TH ST. NO.
NAPLES, FL 34102-5806**

Mailing Address
**411 9TH ST. NO.
NAPLES, FL 34102-5806**

50002858



2. Principal Place of Business
883 4th Avenue North

3. Mailing Address
883 4th Avenue North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03082006

Chg-P

CR2E034 (11/05)

City & State
Naples, FL

City & State
Naples, FL

4. FEI Number
59-2381751

Applied For
Not Applicable

Zip
34102

Country

Zip
34102

Country

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

**ATKINSON, JOHN P
411 9TH STREET NORTH
NAPLES, FL 34102-5806**

Name

Street Address (P.O. Box Number is Not Acceptable)
883 4th Avenue North

City
Naples

FL

Zip Code
34102

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/13/06

**FILE NOW! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **ATKINSON, JOHN P.**
STREET ADDRESS **411 9TH STREET NORTH**
CITY-ST-ZIP **NAPLES, FL 341025806**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **883 4th Avenue North**
CITY-ST-ZIP **Naples, FL 34102**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/13/06 239267 2797