

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # H11580 1. Entity Name CARTER ORTHOPEDICS, INC.	
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Principal Place of Business 1279 KINGSLEY AVE., #105 ORANGE PARK, FL 32073	Mailing Address 1279 KINGSLEY AVE., #105 ORANGE PARK, FL 32073
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DO NOT WRITE IN THIS SPACE



04042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2882496	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CARTER, GERALD ROBERT
2633 HOLLY POINT EAST
ORANGE PARK, FL 32073

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IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000888222 04/22/08-200004-018 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARTER, GERALD ROBERT 2633 HOLLY POINT EAST ORANGE PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARTER, MARY E. P.O. BOX 91 MELROSE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CARTER, GERALD JR 2633 HOLLY PT E ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARTER, LEAH 2633 HOLLY PT EAST ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: G. R. CARTER 4-10-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #