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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # H26067

1. Corporation Name

6067 (9)

ORTHOPEDIC PRODUCTS, INC.

FILED
May 16 1997 8:00am
Secretary of State



Principal Place of Business 4031 NE 12 TERRACE OAKLAND PARK FL 33334 US		Mailing Address 4031 NE 12 TERRACE OAKLAND PARK FL 33334-4671 US		THE STATE OF THE STATE ONLY COST STATE STA			
			•		3. Date Incorporated or Qualified 10/16/1984	3s. Date of Last 10/21/1996	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number		Applied For
]		26				lot Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required
City & Sta	ito.	City & State	 		Election Campaign Financing		
	ne	28			Trust Fund Contribution		May Be I to Fees
Zip	Country	Zip	Countr	v .	8. This corporation has liability for i		
[]	25	29	30	•	Florida Statutes	Yes No	5. 100.002.
<u></u>	9. Name and Address of Cu		14-1		10. Name and Address of New Re	gistered Agent	
GI/	AQUINTO, JOSEPH		81	Name			
	31 NE 12TH TERRACE		82	Street Add	dress (P.O. Box Number is Not Acceptate	ole)	
	AKLAND PARK FL 33334			. Olloot 7100	() .o. por rumber to rior, apopta		
			63				
			84	City		85 Zij	Code
				, Oily		FL " "	. 0000
2.	Signature: Typed or printed name of registere OFFICERS	d agent and title if applicable (N AND DIRECTORS	OTE: Registered As	ent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTO	RS IN 12
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fl.f	OFFICERS	AND DIRECTORS	13.			ERS AND DIRECTO	
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. I do 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 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 corpolation of the poselver 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 for on a nattachment with an address.

SIGNATURE:

IGNATURE AND TYPET OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

5-1-17

Daytime Phone #