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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 176750

ORTHOTEC SLEEP SYSTEMS, INC.

Principal Place of Business 21 NE 16TH ST

P.O. BOX 9030 OCALA FL 34470

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Zip

Mailing Address P. O. BOX 9030

FILED Feb 16, 1999 8:00am **Secretary of State**

02-16-1999 90016 048 ***150.00



OCALA FL 34479 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/09/1987 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-2901826 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 8. This corporation owes the current year Intangible Country Zip Country □No Personal Property Tax. 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent THOMAS, ROBERT P. Street Address (P.O. Box Number is Not Acceptable) 16550 NE 141ST TERRACE FT. MCCOY FL 32134

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 high 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	Signature, typed or printed name of registered agent and title if applicable. (NOTE:	Registered Agent signature re	equired when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP · □ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	THOMAS, ROBERT P.	1.2 NAME	
STREET ADDRESS	16550 NE 141ST TERRACE	1.3 STREET ADDRESS	*** · · · · ·
CITY-ST-ZIP	FT. MCCOY FL	1.4 CITY-ST-ZIP	
TITLE	· DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	·
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	
TITLE .	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	·
STREET ADDRESS		3.3 STREET ADDRESS	1.2017年1月25日日本 1878年18月1日 1988年18月1日 1988年18年18月1日 1988年18月1日 1988
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NAME		4. 2 NAME	
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CITY- ST- ZIP		5.4 CITY-ST-ZIP	The second secon
TITLE	DELETE	6.1 TITLE	☐ Change ☐ Addition
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STREET ADDRESS		6.3 STREET ADDRESS	The second secon
CITY-ST-ZIP	•	6.4 CITY-ST-ZIP)

I hereby certify that the information supplied with this filling 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: