FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # J93828 (8)

1. Corporation Name
ALBEE ORTHOPAEDICS, INC.

Principal Place of Business
C/O ALLEN I. BOSCHOWITZ
6666 N.W. 57TH ST.
TAMARAC FL 33319

Mailing Address
C/O ALLEN I. BOSCHOWITZ
6666 N.W. 57TH ST.
TAMARAC FL 33319

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/15/1987

2. Principal Place of Business
21 6666 N.W 57th St
22 Suite, Apt. #, etc.
23 City & State Tamarac FL
24 Zip 33319 25 Country U.S.A

2a. Mailing Address
26 6666 NW 57th St
27 Suite, Apt. #, etc.
28 City & State Tamarac FL
29 Zip 33319 30 Country U.S.A

4. FEI Number
59-2848597
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
BOSCHOWITZ, ALLEN I.
6666 N.W. 57TH ST.
TAMARAC FL 33319

10. Name and Address of New Registered Agent
81 Name Boschowitz, [redacted] Daniel S.
82 Street Address (P.O. Box Number is Not Acceptable) 6666 N.W 57th St
83
84 City Tamarac, FL 85 Zip Code 33319

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 Daniel S Boschowitz DATE 4-15-98
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	Boschowitz, Daniel S (M)	☐ Change ☐ Addition
NAME	BOSCHOWITZ, ALLEN I.		1.2 NAME		
STREET ADDRESS	6666 N.W. 57TH ST.		1.3 STREET ADDRESS	6666 NW 57th St	
CITY-ST-ZIP	TAMARAC FL		1.4 CITY-ST-ZIP	Tamarac, FL 33319	
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		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I 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 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.

SIGNATURE: [signature] 4-15-98