

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 23, 1999 8:00 am
Secretary of State

06-23-1999 90005 026 ***150.00

DOCUMENT # K70594

1. Corporation Name
CARE ORTHOPEDICS, INC.

Principal Place of Business
4420 NE 20 AVENUE
SUITE J
OAKLAND PARK FL 33308

Mailing Address
4420 NE 20 AVENUE
SUITE J
OAKLAND PARK FL 33308



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/06/1989

4. FEI Number
65-0100474

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 the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 4265 NW 52 ST

Suite, Apt. #, etc.

City & State

23 COCONUT CREEK, FL

24 33073

Country

25 USA

2a. Mailing Address

26 4265 NW 52 ST

Suite, Apt. #, etc.

City & State

28 COCONUT CREEK, FL

29 33073

Country

30 USA

9. Name and Address of Current Registered Agent

RONDINONE, CHARLES
4265 N.W. 52ND ST.
COCONUT CREEK FL 33073

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME RONDINONE, CHARLES
STREET ADDRESS 4265 NW 52 ST
CITY-ST-ZIP COCONUT CREEK FL

TITLE ☐ DELETE
NAME RONDINONE, LINDA
STREET ADDRESS 4265 NW 52 ST
CITY-ST-ZIP COCONUT CREEK FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
RESIGNED 1/28/98 ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
PISID ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: *Charles Rondinone*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: *Charles Rondinone*
Date

954-684-1481
Daytime Phone #

CR2E034 (1/98)

0286238

PLANT MANAGER
FORT LAUDERDALE PROCESSING & DISTRIBUTION CENTER



K70594
579059-90005-26

Dear Postal Customer:

The enclosed was found to be either loose in the mail or damaged in handling at this Postal Facility.

We are fully aware that the mail you receive is important to you. Realizing this, each employee at the Fort Lauderdale Post Office is making every effort to expeditiously handle, without damage, each piece of mail that they have been entrusted with. Nevertheless, an occasional mishap will occur.

This facility handles an excess of three million pieces of mail daily. Therefore, it is necessary that automated and mechanical systems be employed by the Postal Service to ensure our customers of prompt and efficient delivery of their mail. At times, a malfunction will occur which inadvertently damages the mail. We are constantly working to improve our processing methods so that these incidents will be eliminated. You can help us greatly in our efforts if you will continue to properly prepare and address each letter or parcel that you enter in the mail stream.

We appreciate your concern and sincerely regret any inconvenience you may have experienced as a result of this occurrence.

Plant Manager
Fort Lauderdale Processing & Distribution Center

Enclosure