

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000020983

1. Entity Name

VERTEBRAL SYSTEMS, LLC

Principal Place of Business

P.O. BOX 80390  
VALLEY FORGE PA 19484

Mailing Address

P.O. BOX 80390  
VALLEY FORGE PA 19484

2. Principal Place of Business

2495 GEN. ARMISTEAD RD

3. Mailing Address

PO Box 80390

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORRISTOWN PA

City & State

VALLEY FORGE, PA

Zip

19403

Country

USA

Zip

19484

Country

USA

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.  
777 SOUTH FLAGLER DRIVE  
SUITE 500 EAST  
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name JOHN HOKANSON

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

1157 FLAGLER NANTICIRCLE

City

WEST PALM BEACH

FL

Zip Code

33411-5111

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

JOHN HOKANSON

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

(NOTE: Registered Agent signature required when reinstating)

7/31/01

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME PRESIDENT  
STREET ADDRESS CHARLES HOKANSON  
CITY-ST-ZIP 1335 MERRYBROOK RD.  
COLLEGEVILLE, PA 19426

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE NAME  
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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/31/02

Date

610.539-9300

Daytime Phone #

APPROVE  
AND

08-11-2002 90169 047H-E50.00

02 AUG 26 PM 2:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (4/02)