

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L16703

1. Entity Name

ORTHO MEDICAL WASTE MANAGEMENT, INC.



Principal Place of Business

107 LEWIS STREET
NEW SMYRNA BEACH FL 32168
US

Mailing Address

P.O. BOX 353593
PALM COAST FL 32135
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number **59-2950810**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, SILVIA
1 BLACKFOOT COURT
PALM COAST FL 32137

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and fee (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **JONES, ALBERTO N**
CITY-ST-ZIP **1 BLACKFOOT COURT**
PALM COAST FL 32137

TITLE ☐ Change ☐ Addition
NAME **U000000939399**
STREET ADDRESS **05/28/08-80027-012 150.00**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **JONES, SILVIA**
CITY-ST-ZIP **1 BLACKFOOT COURT**
PALM COAST FL 32137

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Silvia Jones

Silvia Jones, Sec.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/08 *446-2444* *(38)*