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Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90040 010 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L19644					
1. Corporation Name ORTHOPAEDICS REHABILITATION ERGONOMICS, INC.					
Principal Place of Business 3500 TYLER STREET HOLLYWOOD FL 33021 US			Mailing Address 3500 TYLER STREET HOLLYWOOD FL 33021 US		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 1724 E. HALLANDALE BEACH BLVD.					
2a. Mailing Address 26 1724 E. HALLANDALE BEACH BLVD.					
3. Date Incorporated or Qualified 10/02/1989					
4. FEI Number 65-0157288					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees					
7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
23 HALLANDALE, FL City & State Zip 33009 Country USA			27 HALLANDALE, FL City & State Zip 33009 Country USA		
9. Name and Address of Current Registered Agent MOSKOWITZ, BERNICE 3500 TYLER STREET HOLLYWOOD FL 33021			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1724 E. HALLANDALE BEACH BLVD 83 84 City HALLANDALE FL 85 Zip Code 33009		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS <input checked="" type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP BERNICE MOSKOWITZ 3500 TYLER ST. HOLLYWOOD, FL 33021			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP DIRECTOR NORMAN MOSKOWITZ, M.D. 1724 E. HALLANDALE BEACH BLVD. HALLANDALE, FL 33009		
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

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: ✓

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/99

954-454-9091

Date

Daytime Phone #