

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90147 032 ***150.00

DOCUMENT # P0000089896

1. Entity Name
ORTHOPEDIC SOLUTIONS, INC.



Principal Place of Business
2761 NE 8TH ST.
POMPAÑO BEACH, FL 33062

Mailing Address
2761 NE 8TH ST.
POMPAÑO BEACH, FL 33062

2. Principal Place of Business
505 N.W. 65TH CT
Suite, Apt. #, etc.
SUITE 102

3. Mailing Address
505 N.W. 65TH CT
Suite, Apt. #, etc.
SUITE 102



☒ CHECK HERE IF MAKING CHANGES

City & State
FT. LAUDERDALE, FL

City & State
FT. LAUDERDALE, FL

4. FEI Number
65-1058558

Applied For
Not Applicable

Zip
33309

Country

Zip
33309

Country

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

6. Name and Address of Current Registered Agent

RUSSO, FRANK
2761 NE 8TH ST.
POMPAÑO BEACH, FL 33062

7. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RUSSO, FRANK
2761 NE 8TH ST.
POMPAÑO BEACH, FL 33062

☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP
D, P, T, S

☒ Change ☐ Addition

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12. 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 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:

FRANK RUSSO
PRESIDENT

FRANK RUSSO
PRESIDENT

3/11/03

954-4153636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)