

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90182 010 ***150.00

0597438 AV

DOCUMENT # P01000004938

1. Entity Name
OSTEOGENICS, INC.



Principal Place of Business
**604 TRUMPET PL
CELEBRATION FL 34747**

Mailing Address
**604 TRUMPET PL
CELEBRATION FL 34747**

2. Principal Place of Business
6040 LAKEHURST DR.

3. Mailing Address
722 EAST LAWN DRIVE

Suite, Apt. #, etc.
#194

Suite, Apt. #, etc.

City & State
ORLANDO, FL

City & State
CELEBRATION, FL

Zip
32819

Country

Zip
34747

Country

4. FEI Number
59-3696392

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MORANCY, THOMAS
604 TRUMPET PL
CELEBRATION FL 34747**

7. Name and Address of New Registered Agent

Name
MORANCY, THOMAS
Street Address (P.O. Box Number is Not Acceptable)
722 EAST LAWN DRIVE

City **CELEBRATION** FL Zip Code **34747**

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 **D** ☐ Delete
NAME **MORANCY, THOMAS**
STREET ADDRESS **604 TRUMPET PL**
CITY-ST-ZIP **CELEBRATION FL 34747**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **MORANCY, THOMAS**
STREET ADDRESS **722 EAST LAWN DRIVE**
CITY-ST-ZIP **CELEBRATION, FL 34747**

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

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

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

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

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

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:

SIGNATURE: Thomas A. Morancy **Thomas A. Morancy** **4-01-03** **407 355 9970**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)