FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Sep 09, 2002 8:00 am Secretary of State P01000083694 DOCUMENT # 1. Entity Name 09-09-2002 90018 050 \*\*\*150.00 EDWARD ORTHOPEDICS, INC. Principal Place of Business Mailing Address 18931 TWINBERRY DRIVE 18931 TWINBERRY DRIVE **TAMPA FL 33647** TAMPA FL 33647 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 418821386 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SQUIRES, BRENT E Street Address (P.O. Box Number is Not Acceptable) 18931 TWINBERRY DRIVE TAMPA FL 33647 City 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 \$5.00 May Be Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Change ☐ Addition SQUIRES, BRENT E NAME STREET ADDRESS 18931 TWINBERRY DRIVE STREET ADDRESS TAMPA FL 33647 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE. Delete JITLE . -- -- Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 the 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 trasfer amounted to secure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

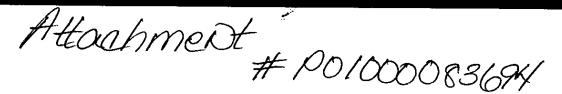
SIGNATURE:

of the corporation or the receiver or truste changed, or on an attachment with an ag

ith all othe

BRENT E. SOVIRES 9/4/02





## EDWARD ORTHOPEDICS, INC.

18931 Twinberry Drive, Tampa, Florida 33647
Toll Free: 866-304-0331
Direct: 813-866-1301 Fax: 813-979-9875
EdwardOrtho@aol.com

Division of Corporations,

I received this notice for the *first time* 45 days ago. Included is the renewal fee of \$150.00. If there are any questions please do not hesitate to contact me.

Thank you,

Brent E. Squires

Edward Orthopedies, Inc.

President