


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

04-17-2003 90609 050 ***150.00

DOCUMENT #	P02000039726	
1. Entity Name	SILVER ORTHOPEDIC INC.	

Principal Place of Business	Mailing Address
5630 NW 109 LANE	5630 NW 109 LANE
CORAL SPRINGS FL 33076	CORAL SPRINGS FL 33076

2. Principal Place of Business 23333 State Rd. 7	3. Mailing Address
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Suite, Apt. #, etc. <i>Suite E</i>	Suite, Apt. #, etc.
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City & State	Margate, FL	City & State	
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Zip 33063-1	Country US	Zip	Country
6. Name and Address of Current Registered Agent			

KABOŁOWSKY, MARCY P 5630 NW 109 LANE CORAL SPRINGS FL 33076	Name
	Street Address
	City

4. FEI Number 74-3038058	Applied For
	Not Applicable

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

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

<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State</p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p>	<p>\$5.00 May Be Added to Fees</p>
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10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11-14
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KABOLOWSKY, ROBERT 5630 NW 109 LANE CORAL SPRINGS FL 33076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____

CR2E034 (10/02)