

FILED
Sep 12, 2003 8:00 am
Secretary of State

09-12-2003 90090 036 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000061082

1. Entity Name
SPECIALTY ORTHO LAB INC.



90156563

Principal Place of Business
 3801 N. UNIVERSITY DR.
 SUNRISE, FL 33351

Mailing Address
 3801 N. UNIVERSITY DR.
 SUNRISE, FL 33351

2. Principal Place of Business

3. Mailing Address

6466 NW 5th Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Fort Lauderdale, FL

Zip

Country

Zip

Country

33309

USA

4. FEI Number

20-092869

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

A1A CORPORATE SERVICES INC.
 92 SADBERRY ROAD
 QUINCY, FL 32351-0000

7. Name and Address of New Registered Agent

JAY R. SINGER

Street Address (P.O. Box Number is Not Acceptable)

8227 NW 41st Street

Coral Springs

FL

Zip Code

33065

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 of individual named as registered agent and who is available.

(NONE: Registered Agent signature required when withdrawing)

DATE

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

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ 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 667, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without the empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR

9/3/03

Online Phone #

CR20034 (10/02)

attachment

90156563

#P02000061082

Passariello & Staiano

CERTIFIED PUBLIC ACCOUNTANTS • A PROFESSIONAL ASSOCIATION

September 9, 2003

Uniform Business Report
Division of Corporations
P.O. 1500
Tallahassee, Fl. 32302-1500

RE: Taxpayer's Name: Specialty Ortho Lab, Inc.
Document Number: P02000061082
Tax Form: Uniform Business Report
Tax Period: 2003

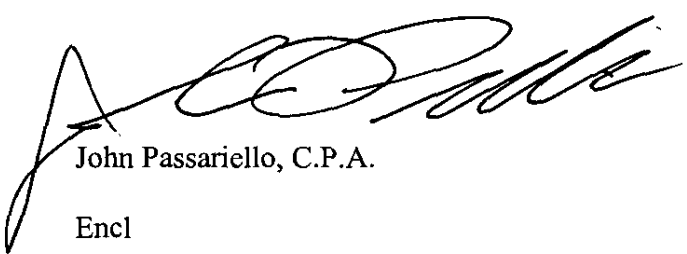
Gentlemen:

We are writing as the accountants for the above referenced client.

Enclosed please find the 2003 Uniform Business Report for the above referenced taxpayer with a check in the amount of \$ 150.00. The taxpayer had not received the original Uniform Business Report, which was due and payable May 1, 2003. Please accept their fee in the amount of \$ 150.00 as they had just incorporated on June 3, 2002 and were not aware that they were required to file a Uniform Business Report due May 1, 2003.

If you have any questions, please feel free to call us between the hours of 9 A.M. and 5 P.M. Monday thru Friday at (954) 776-1444.

Sincerely,
PASSAREILLO & STAIANO, C.P.A.


John Passariello, C.P.A.

Encl