

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

02-02-2005 90062 013 ***150.00

DOCUMENT # P03000147956	
1. Entity Name NEW VISION ORTHOPEDICS, INC.	

Principal Place of Business 1822 OLD OKEECHOBEE RD SUITE B WEST PALM BEACH, FL 33409	Mailing Address 1822 OLD OKEECHOBEE RD SUITE B WEST PALM BEACH, FL 33409
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

66004459



01192005 Chg-P CR2E034 (10/03)

4. FEI Number 54-2136408	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145

7. Name and Address of New Registered Agent Name: <u>Bonny S. DYER</u> Street Address (P.O. Box Number is Not Acceptable): 1822 OLD OKEECHOBEE Rd, STE B City: <u>West Palm Beach</u> FL Zip Code: <u>33409</u>

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: <u>Bonny S. Dyer</u> Signature, typed or printed name of registered agent and title if applicable.	DATE: <u>1-19-05</u> (NOTE: Registered Agent signature required when reissuing)
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FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD BURDETT, CHRISTOPHER C ☐ Delete 1822 OLD OKEECHOBEE RD SUITE B WEST PALM BEACH, FL 33409	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD DYER, BONNY S ☐ Delete 1822 OLD OKEECHOBEE RD SUITE B WEST PALM BEACH, FL 33409	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	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 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: <u>Bonny S. Dyer</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: <u>1-28-05</u>	DAYTIME PHONE #: <u>561 478 5688</u>
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