

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P06000003756
1. Entity Name
LUTTRELL ORTHOPEDICS INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9536 PRINCETON SQUARE BLVD S UNIT 203
Suite, Apt. #, etc.
City & State
JACKSONVILLE, FL
Zip
32256
Country
3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

000000463761
03/21/06-80090-006 150.00
DO NOT WRITE IN THIS SPACE
4. FEI Number
08-1767802
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
LUTTRELL, MICHAEL G.
Street Address (P.O. Box Number is Not Acceptable)
9536 PRINCETON SQUARE BLVD, S
UNIT 203
City
JACKSONVILLE
FL
Zip Code
32256-8346

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LUTTRELL, MICHAEL G.
9536 PRINCETON SQUARE BLVD, S #203
JACKSONVILLE, FL 32256-8346
TITLE
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CITY-ST-ZIP
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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:



MICHAEL G. LUTTRELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-14-06