



FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90040 010 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000036559			
1. Entity Name BICKEL ORTHOPEDICS INCORPORATED			
Principal Place of Business 1217 SE 3RD STREET CAPE CORAL, FL 33990 US		Mailing Address 1217 SE 3RD STREET CAPE CORAL, FL 33990 US	
2. Principal Place of Business - No P.O. Box # 7901 REFLECTION COVE DR.		3. Mailing Address 7901 REFLECTION COVE DR.	
Suite, Apt. #, etc. 306		Suite, Apt. #, etc. 306	
City & State FORT MYERS, FL		City & State FORT MYERS, FL	
Zip 33907	Country	Zip 33907	Country
6. Name and Address of Current Registered Agent BICKEL, BRANDI M 1217 SE 3RD STREET CAPE CORAL, FL 33990		7. Name and Address of New Registered Agent Name Brandi M. Bickel Street Address (P.O. Box Number is Not Acceptable) 7901 Reflection Cove Dr. #306 City Ft. Myers FL Zip Code 33907	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIR BICKEL, BRANDI M 1217 SE 3RD STREET CAPE CORAL, FL 33990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIR BICKEL, BRANDI M 7901 REFLECTION COVE DR. #306 Ft. Myers, FL 33907 <input checked="" 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 exemptions contained in Chapter 119, 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 		BRANDI BICKEL 5/1/07 239-896-3160	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	