

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
George B. Murrain  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 AM 8:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P23929

(3)

1. Corporation Name

ORTHOMERICA PRODUCTS, INC.

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 04/17/1989  
3a. Date of Last Report 08/04/1994

4. FEI Number 33-0343239  
Applied For ☐  
Not Applicable ☐

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

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

6. Does corporation have liability for intangible tax under § 199.04,  
Florida Statutes? ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

P.O. BOX 2927  
NEWPORT BEACH CA 92659

P.O. BOX 2927  
NEWPORT BEACH CA 92659

21. State Apt. # etc.

26. State Apt. # etc.

22. City & State

27. City & State

23. City & State

28. City & State

24. City & State

29. City & State

30. City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

81. Name

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

83. City

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.02(2) and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the requirements of, Section 607.02(2)(b), Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent in Charge

Signature of Registered Agent or Registered Agent in Charge

Signature of Registered Agent or Registered Agent in Charge

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 12.1           | 12.2                      |
|----------------|---------------------------|
| NAME           | PD<br>KERR, DAVID C.      |
| STREET ADDRESS | 223 VIA QUITO             |
| CITY, ST, ZIP  | NEWPORT CA                |
| NAME           | S<br>KERR, MARY ANN       |
| STREET ADDRESS | 223 VIA QUITO             |
| CITY, ST, ZIP  | NEWPORT CA                |
| NAME           | VTD<br>MOLNAR, GEZA G     |
| STREET ADDRESS | 1735 PORT MARGATE PL      |
| CITY, ST, ZIP  | NEWPORT BEACH CA          |
| NAME           | VD<br>SCHWENN, SHANNON R. |
| STREET ADDRESS | 4624 OAK ARBOR CR         |
| CITY, ST, ZIP  | ORLANDO FL                |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY, ST, ZIP  |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY, ST, ZIP  |                           |

| 13.1               | 13.2                                                              |
|--------------------|-------------------------------------------------------------------|
| 1. NAME            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |                                                                   |
| 3. STREET ADDRESS  |                                                                   |
| 4. CITY, ST, ZIP   |                                                                   |
| 5. NAME            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |                                                                   |
| 7. STREET ADDRESS  |                                                                   |
| 8. CITY, ST, ZIP   |                                                                   |
| 9. NAME            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |                                                                   |
| 11. STREET ADDRESS |                                                                   |
| 12. CITY, ST, ZIP  |                                                                   |
| 13. NAME           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |                                                                   |
| 15. STREET ADDRESS |                                                                   |
| 16. CITY, ST, ZIP  |                                                                   |
| 17. NAME           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME           |                                                                   |
| 19. STREET ADDRESS |                                                                   |
| 20. CITY, ST, ZIP  |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(3)(b), Florida Statutes. I further certify that the information is true and correct, 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 person or person authorized to execute this report as required by Chapter 197, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in an attachment to this report.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20, 1995

714-723-4500