

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000049006 (8)

1. Corporation Name

STORFER ORTHOPEDICS, INC.



Principal Place of Business

9690 WEST SAMPLE RD.
#103
CORAL SPRINGS FL 33065

Mailing Address

9690 WEST SAMPLE RD.
#103
CORAL SPRINGS FL 33065

2. Principal Place of Business

2a. Mailing Address

21 21 S.E. 10 Street

26 21 SE. 10 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Deerfield Bch, FL

28 Deerfield Bch

Zip

Country

Zip

Country

24 33441

25 U.S.A.

29 33441

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
07/07/1993

3a. Date of Last Report
09/25/1995

4. FEI Number
65-0426015

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

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☒ No

STORFER, MITCHELL B
1731 NW 123RD AVE
PEMBROKE PINES FL 33026

10. Name and Address of New Registered Agent

81 Name Storfer, Mitchell B.

82 Street Address (P.O. Box Number is Not Acceptable)
21 SE. 10 Street

83

84 City Deerfield Bch

FL

85 Zip Code 33441

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME STORFER, MITCHELL B
STREET ADDRESS 1731 NW 123RD AVE.
CITY- ST- ZIP PEMBROKE PINES FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSD
1.2 NAME Storfer, Mitchell B.
1.3 STREET ADDRESS 21 SE. 10 Street
1.4 CITY- ST- ZIP Deerfield Bch, FL 33441

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-96 (954) 421-4743

Date

Daytime Phone

CR2E034 (12/95)