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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 08, 1999 8:00am

**Secretary of State** 

02-08-1999 90049 043 \*\*\*150.00

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **P94000021265**1. Corporation Name

ORTHO SPORT DIAGNOSTIC TESTING INC.

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SUITE 4-444 SUITE 4-444								
AVENTURA FL 33180 AVENTURA FL 33180			33180		DO NOT WRITE IN THIS SPACE			
					<ol><li>Date Incorporated or Qual</li></ol>	ifed		ŀ
					03/18/1994			
2. Principal f	Place of Business	2a. Mailing Add	dress		4, FEI Number		Apr	olied For
21					65-0483780		Not	Applicable
Suite, Apt.	. #. etc.	Suite, Apt. a	#. etc.		00 0 1001 00		\$8.75 A	
22 27			.,	5. Certifcate of Status Desired		d 🛮	Fee Red	
City & State   City & State								·
			<b>G</b>		6. Election Campaign Finance	<sup>ing</sup> □	\$5.00	
				Trust Fund Contribution		Added to	Fees	
Zip	Country	Zip	Cou	ntry	8. This corporation owes the			
24	25	29	30		Personal Property Tax.		] Yes	□No
	9. Name and Address of C		!		10. Name and Address of No	w Registered Ag	ent	
		Land Control		81 Name				
ı ""WQI	LK, JAMES	ending a state of	,	00 01 1411	756 5 11 1 1 11 11			
i 1460 1160	O BEL AIRE DRIVE EAST	13.		82 Street Add	ress (P.O. Box Number is Not Acc	eptable)		
PEMBROKE PINES FL 33027			-	83	14. 13.04.2. 12.00.2	9 1 9 1 9 9 1 5 6 9	11 23 21 21 22 22 2 3	<del></del> .
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to the second of a	siden seek seek *					FL		
11. Pursuant	t to the provisions of Sections 60	7.0502 and 607.1508, Flor	rida Statutes, the ab	ove-named corp	poration submits this statement for on's board of directors, I hereby a	the purpose of cha	anging its r	registered
office or i	registered agent, or both, in the S am familiar with, and accept the c	State of Florida. Such char	nge was authorized	by the corporati	on's board of directors, I hereby a	ccept the appointm	nent as reg	istered
_	• :		.0303, rionua Statu	iles.	•			. [
SIGNATURE	Signature, broad or printed name of registers	rad arrent and title if applicable	(NOTE: Popietored	Apont clanatura romin	ad uthan salastation).	DATE		
	Signature, typed or printed name of registers			Agent signature require	ad when reinstating): Y	DATE.	, DIDECTOR	
. 12.	Signature, typed or printed name of registers OFFICER	RS AND DIRECTORS	13.	5 1	ad when reinstating): ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	OFFICERS AND I		
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14. 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 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 appears in the same legal effect as if made under oath; that I am an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: