## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # **P94000067222** ORTHO-MED EUROPE, INC. 04-27-2001 90333 008 \*\*\*150.00 Principal Place of Business Mailing Address 22500 OVERSEAS HWY. PO BX 522858 MARATHON SH FL 33052 MARATHON SH FL 33052 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Sulte, Apt. #. etc DO NOT WRITE IN THIS SPACE City & Stato City & State 4. FEI Number Applied For 65-0520242 Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DI GENNARO, MARGITTA Street Address (P.O. Box Number is Not Acceptable) 101 E OCEAN DR, 401 KEY COLONY BEACH FL 33051-0185 City Zio Code 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. SIGNATURE (NOTE: Registered Agent is gnature required when it instating) PILE NOW!!! FEE IS \$150.00 9. This corporation is e igible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. R2E034 (10/00 71715 ☐ Delete TITLE Change Addit on DI GENNARO, MARGARITTA NAM<sup>2</sup> NAME 101 E OCEAN DR. 401 STREET ADDRESS STREET ADDRESS OLIV-S1-ZIP CITY-ST-ZIP KEY COLONY BEACH FL 33051 ☐ Delete Change Addition T:Ti-F TODE NAME NAME STREET ADDRESS STREET ADDRESS CHY-S1-ZF CITY-ST-ZIP SITLE ☐ Delete TITLE Change ☐ Add?ier NAME NAME STREET ADDRESS STREET ADDRESS C:TY-ST-ZiP CITY-ST-ZIP [TT] Change TITLE ☐ Delete TITLE [ T] Addition MAMP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP ☐ Delate THILE 1000 Change Addition NAM<sup>2</sup> NAME STREET ADDRESS STREET ADDRESS C.TY-ST-ZIP OFFY-ST-7IP ☐ Change ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CLIM-ST ZIP CP:Y-S1-ZIP

13. Thereby 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an efficier or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all others.

AME OF SIGNING OFFICER OF DIRECTOR

17/01 305-289-