NLE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000079625

ORTHOMEDX CORPORATION

Principal Place of Business		Mailing Address							
3601 VINELAND	ROAD	3601 VINELAND ROAD							
SUITE 1		SUITE 1				DO NOT WRITE IN THIS SPACE			
ORLANDO FL 3	281 1	ORLANDO FL 32811				3. Date Incorporated or Qualifed			
						10/17/1994			
		2a. Mailing Address				4. FEI Number		Applied For	
2. Principal Pl	ace of Business	H "				59-3276029	I	Not Applicable	
21		Suite, Apt. #, etc.					\$8.75	Additional	
Suite, Apt.	#, etc					5 Certificate of Status Desired.		Required	
22		City & State				6 Election Campaign Financing	\$5.0	0 May Be	
City & State		-				Trust Fund Contribution Added to Fees			
23	- Country	Zip Country				8. This corporation owes the current year In	tangible		
Žip 	Country	⊢ '	30	,		Personal Property Tax.	Yes	□No	
24]	. 25	29 Agent	[30]			10. Name and Address of New Registered	Agent		
Name and Address of Current Registered Agent					Name	10.		1	
FRALEY, JOHN A				82		(Al-(A			
	THOROUGHBRED DRIVE				Street Add	ress (P.O. Box Number is Not Acceptable)			
	HA FL 34734		•				y1. 1	1 2 2 1 2 2	
ao i	10712 01101					<u> </u>			
				84	City	Fi	85 Z	p Code	
* N	8 10		4 46 61			poration submits this statement for the purpose 0	f changing	its registered	
	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga					poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	intment as	registered	
=	m familiar with, and accept the obliga	10(15-01, 00000) 1001.0000, 11	01,00				•		
SIGNATURE	Signature, typed or printed name of registered ager	t and title if applicable. (NOT	E: Registered	Agent	t signature requir	ed when reinstating) DATE			
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12	
TITLE	PD DELETE 1.1 T		1.1 Til	ΠE			Chang	ge Addition	
NAME	FRALEY, JOHN A		1.2 NA	ME				· 1	
STREET ADDRESS 1631 THOROUGHBRED DRIVE			1.3 ST	1.3 STREET ADDRESS					
CITY-ST-ZIP	GOTHA FL		1.4 CI	TY-SI	T-ZIP				
TITLE			- 2,1 TΓ	TLE			Chan	ge	
NAME	22N		ME						
			2.3 81	REET	T ADDRESS			l	
STREET ADDRESS			2.40	ITY-S	ST-ZIP				
CITY-ST-ZIP		☐ DELETE	3.1 TI				☐ Chan	ge 🗌 Addition	
TITLE Fig.			3.2 N	AME				,	
NAME	[출발속 문자활동기 경기				TADDRESS			, see	
STREET ADDRESS					ST-ZIP			, , , , , , , , , , , , , , , , , , ,	
CITY-ST-ZIP		DELETE	4.1 TI	_			. Chan	ge 🔲 Addition	
TITLE			4.21						
NAME	\				T ADDRESS				
STREET ADDRESS	1	:			T-ZIP				
CITY-ST-ZIP	<u> </u>	. DELETE	5.1 TI		1-41		☐ Chan	ge Addition	
TITLE	}	[Detc15	5.1 N		1			Ì	
NAME					T ADDRESS				
STREET ADDRESS	5) \$2.1				T-ZIP				
CITY-ST-ZIP	the same of the sa	☐ DELETE	6.1 T		11- CII-		Char	ge Addition	
TITLE			6.2 N						

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

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 an attachment with an address, with all other like empowered.

FILED

Jan 30, 1999 8:00am

Secretary of State

01-30-1999 90008 001 ***150.00