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Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000020418 (6)

1. Corporation Name

ORTHOPEDIC DESIGNS, INC.

Principal Place of Business

2044 BRIGHTWATERS BLVD. N.E.
ST. PETERSBURG FL 33704

Mailing Address

2044 BRIGHTWATERS BLVD. N.E.
ST. PETERSBURG FL 33704-3010

3. Date Incorporated or Qualified

03/13/1995

3a. Date of Last Report

07/01/1996

4. FEI Number

59-3303910

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

2. Principal Place of Business

21 3542 Morris Street North

Suite, Apt. #, etc.

22 City & State

23 St Petersburg FL

Zip

24 33713

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

BEYER, DAVID A
101 EAST KENNEDY BLVD.
SUITE 2000
TAMPA FL 33602-5133

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME BRAMLET, DALE G
STREET ADDRESS 2044 BRIGHTWATERS BLVD., N.E.
CITY-ST-ZIP ST. PETERSBURG FL 33704

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Chairman, CEO
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☒ Change ☐ Addition

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

☐ Change ☐ Addition

3.1 TITLE Secretary
3.2 NAME Harold R. Lawson
3.3 STREET ADDRESS 10100 Wilson Ave
3.4 CITY-ST-ZIP Seminole, FL 33776

☐ Change ☒ Addition

4.1 TITLE Treasurer
4.2 NAME Sheri S. Ellis
4.3 STREET ADDRESS 2921 Hawthorne Rd
4.4 CITY-ST-ZIP Tampa FL 33611

☐ Change ☒ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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.

SIGNATURE

1-22-97 813,576,9100

CR2E034 (9/96)