FILED * FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE Apr 28 1998 8:00am **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 1. Corporation Name P95000020418 (6) ORTHOPEDIC DESIGNS, INC. Principal Place of Business Mailing Address 3542 MORRIS STREET NORTH 2044 BRIGHTWATERS BLVD. N.E. ST. PETERSBURG FL 33713 ST. PETERSBURG FL 33704 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/13/1995 2. Principal Place of Business 21 697/ F/RS7 4. FEI Number Applied For FIRST AVE NO 59-3303910 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be ST 28 Trust Fund Contribution Added to Fees Zio Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. X Yes 9, Name and Address of Current Registered Agent Name and Address of New Registered Agent BEYER, DAVID A KONALD 101 EAST KENNEDY BLVD. 82 SECOND AVENUE SO **SUITE 2000** 83 TAMPÁ FL 33602-5133 Suite 1201 Zip Coue 3 3701 **B4** 11. Pursuant to the provis office or registered ag agent. I am familiar w uns of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered and, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered h, and Accept the obligation (a), Section 707.0505, Florida Statutes. **SIGNATURE** stered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. CCEO DELETE TITLE 11 TITLE Change Addition **BRAMLET, DALE G** NAME 1.2 NAME 2044 BRIGHTWATERS BLVD., N.E. STREET ADDRESS 13 STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition LAWSON, HAROLD R NAME 22 NAME 10100 WILSON AVE STREET ADDRESS 2.3 STREET ADDRESS **SEMINOLE FL** CITY-\$1-ZIP 2. 4 CITY - ST- ZIP DELETE Change Addition TITLE 3.1 TITLE ELLIS, SHERI S STREET ADDRESS 2921 HAWTHORNE ROAD 3.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE MALK 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST-ZIP 4.4 CITY - ST- ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAMÉ STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Channe Addition TITLE 6.1 TITLE NAME 6.2 NAME

IGNATURE: () 68. () (144/1/10/28 813-525-6979

14. 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 annual report or supplementary annual report is true and accurate on that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the occionary in 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 one in attachinent with an address.

6.3 STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIF