


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

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90198 025 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000020418

1. Corporation Name  
ORTHOPEDIC DESIGNS, INC.

Principal Place of Business  
6971 FIRST AVE NO  
ST PETERSBURG FL 33710  
US

Mailing Address  
P. O. BOX 7778  
ST PETERSBURG FL 33734  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
03/13/1995

4. FEI Number  
59-3303910

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

9. Name and Address of Current Registered Agent

STEPHENSON, RONALD L.  
100 SECOND AVENUE SO  
SUITE 1201  
ST PETERSBURG FL 33701

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

10. Name and Address of New Registered Agent

81 Name CLAUDE O. PERING  
82 Street Address (P.O. Box Number is Not Acceptable) P.O. BOX 7778 6971 1ST AVE NORTH  
83  
84 City ST. PETERSBURG FL 85 Zip Code 33710

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

*Claude O. Perring*

CLAUDE O. PERING

4/19/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	CCEO <input type="checkbox"/> DELETE
NAME	BRAMLET, DALE G
STREET ADDRESS	2044 BRIGHTWATERS BLVD., N.E.
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	CEO / DIRECTOR <input type="checkbox"/> DELETE
NAME	JACK M. FLOST
STREET ADDRESS	6971 1ST AVE. NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33710
TITLE	PRESIDENT <input type="checkbox"/> DELETE
NAME	CLAUDE O. PERING
STREET ADDRESS	6971 1ST AVE. NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33710
TITLE	SECRETARY <input type="checkbox"/> DELETE
NAME	PAT MANELL
STREET ADDRESS	4600 4th STREET NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33703
TITLE	DIRECTOR <input type="checkbox"/> DELETE
NAME	JOHN HAMMILL
STREET ADDRESS	1517 COINING DRIVE
CITY-ST-ZIP	TOLEDO, OHIO 43612
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	CHAIRMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE:

*Claude O. Perring*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99 (721) 343-0338

Date

Daytime Phone #

CR25034 (11/98)

0425857