

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
 05-12-2002 90638 004 ***158.75

DOCUMENT # P95000020418

1. Entity Name
ORTHOPEDIC DESIGNS, INC.

Principal Place of Business
6965 FIRST AVE NO
ST PETERSBURG FL 33710
US

Mailing Address
6965 FIRST AVE NO
ST PETERSBURG FL 33710
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3303910**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESQUIVEL, JULIO C ESQ.
SHUMAKER, LOOP & KENDRICK, LLP
101 E. KENNEDY BLVD., SUITE 2800
TAMPA FL 33602

Name

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

City

FL

Zip 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **CD**
 STREET ADDRESS **BRAMLET, DALE G**
 CITY-ST-ZIP **2044 BRIGHTWATERS BLVD., N.E.**
ST. PETERSBURG FL

TITLE ☐ Change ☒ Addition
 NAME **DIRECTOR**
 STREET ADDRESS **JACQUELINE LEY BROWN**
 CITY-ST-ZIP **1 BEACH DRIVE, S.E.**
ST. PETERSBURG, FL 33701-3963

TITLE ☐ Delete
 NAME **CEOD**
 STREET ADDRESS **FROST, JACK M**
 CITY-ST-ZIP **6965 1ST AVE. N.**
ST PETERSBURG FL 33710

TITLE ☐ Change ☒ Addition
 NAME **DIRECTOR**
 STREET ADDRESS **RONALD PADINSKE**
 CITY-ST-ZIP **114 DOUGLAS ROAD EAST**
OLDSMAR, FL 34677-2939

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **SCHABER, JOHN H**
 CITY-ST-ZIP **6965 1ST AVE. N.**
ST PETERSBURG FL 33710

TITLE ☐ Change ☒ Addition
 NAME **~~ALAN CHERNITZ~~ DIRECTOR**
 STREET ADDRESS **ALAN CHERNITZ**
 CITY-ST-ZIP **3450 EAST LAKE ROAD, SUITE 206**
PALM HARBOR, FL 34685

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **MANELL, PAT**
 CITY-ST-ZIP **4600 4TH ST N**
ST PETERSBURG FL 33703

TITLE ☐ Change ☒ Addition
 NAME **DIRECTOR**
 STREET ADDRESS **RICHARD SCHULTS**
 CITY-ST-ZIP **184 COUNTRY LANE**
RINGGOLD, GA 30736

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **HAMMILL, JOHN**
 CITY-ST-ZIP **1517 COINING DR**
TOLEDO OH 43612

TITLE ☐ Change ☒ Addition
 NAME **CFO**
 STREET ADDRESS **BARBARA B. WEEKS**
 CITY-ST-ZIP **6965 1ST AVENUE NORTH**
ST. PETERSBURG, FL 33710

TITLE ☐ Delete
 NAME **~~DIRECTOR~~**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Barbara B. Weeks, CFO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/02 727-343-0338

CR2E034 (9/01)