Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90123 035 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

1. Corporation Name

ADVANCED OPTHODEDIC SYSTEMS INC

ADVANCED ONTHOPEDIO STOTE	vio, inc.								
Delegie at Diago of Business	Mailing Address				L 1881 1881 18 1	ilti i nd ii na iii bi	AN ODNA BORD		I I HAR BAR TO THE STATE OF THE
Principal Place of Business	=								
1844 WEST FAIRBANKS AVE. SUITE 202 SUITE 202									
SUITE 202 SUITE 202 WINTER PARK FL 32789 WINTER PARK FL 32789					ı	OO NOT WRI	TE IN THIS	SPACE	
US US					3. Date Incorporate	d or Qualifed]
					11/10/1997				j
2. Principal Place of Business	2a. Mailing Address				4. FEI Number			A	oplied For
21	26				APPLIED FO	R		N	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Stat	ue Desired		•	Additional
27					5, Certificate of Otal	us Desireo		Fee Re	equired
City & State City & State					6. Election Campaig	gn Financing			May Be
23	28				Trust Fund Cont				to Fees
Zip Country	Zip	Country	y		8. This corporation		rent year In		\
24 25	29 30)			Personal Propert			Yes	□No
9. Name and Address of Curre	ent Registered Agent		7 N	_	10. Name and Add	ess of New I	Registered	Agent	
DEDAULIE DON		81	l Nam	e					
DEPAULIS, DON		82	Stre	et Addres	ss (P.O. Box Number	is Not Accept	able)		
1844 WEST FAIRBANKS AVE.		L							
WINTER PARK FL 32789		83	3						
		84	City					85 Zip	Code
			*				<u>FL</u>	-	
11. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat	502 and 607.1508, Florida Statutes,	the abov	e-name	ed corpor	ration submits this stat	ement for the hereby acce	purpose of	f changing its intment as re	registered asistered
agent. I am familiar with, and accept the oblic	gations of, Section 607.0505, Florida	a Statute	, uie co S.	poration	S board of directors.	nereby door	pt the appe		.g
SIGNATURE	-								
Signature, typed or printed name of registered as	gent and title if applicable. (NOTE: Re	gistered Age	nt signatu	re required v	when reinstating)		DATE		
12. OFFICERS A	AND DIRECTORS	13.			ADDITIONS/CHA	NGES TO OF	FICERS A		DRS IN 12
TITLE D	☐ DELETE	1.1 TITLE		1.5	T, C			Change	Acculton
NAME DEPAULIS, DON		1.2 NAME		1 '					-
STREET ADDRESS 1844 WEST FAIRBANKS AVE.		1.3 STREE	T ADDRES	ss					
CITY-ST-ZIP WINTER PARK FL 32789		1.4 CITY-	ST-ZIP			····		=10	be un-
TITLE DAVISL PA	PPADAKISHE FORD CIRCK	2.1 TITLE		12	\mathbf{O}_{A}			Change	Addition
NAME 14272 Stan	FOR O CIRCA	2.2 NAME		''	- 1			• •	
STREET ADDRESS 75	170100 Cilare	2.3 STREE	ET ADDRES	ss					
STREET ADDRESS CITY-ST-ZIP TITLE	= 22826	2. 4 CITY-	ST-ZIP						
TITLE	☐ DELETE	3.1 TITLE						Change	Addition
NAME		3.2 NAME							
STREET ADDRESS		3.3 STREE	ET ADDRE	ss					
CITY-ST-ZIP		3.4. CITY-	ST-ZIP						
TITLE	☐ DELETE	4.1 TITLE						Change	Addition
NAME		4. 2 NAME	•						
STREET ADDRESS		4.3 STREE	T ADDRE	ss					
CITY-ST-ZIP		4.4 CITY-	ST-ZIP						
TITLE	DELETE 5.1							Change	Addition
NAME		5.2 NAME							
STREET ADDRESS		5.3 STRE	ET ADDRE	ss					
CITY-ST-ZIP		5.4 CITY-	ST-ZIP						
TITLE	☐ DELETE	6.1 TITLE						Change	Addition
NAME		6.2 NAME							
STREET ADDRESS		6.3 STRE	ET ADDRE	ss					

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 amount 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR