

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90004 001 ***150.00

DOCUMENT # P97000097132

1. Entity Name

ADVANCED ORTHOPEDIC SYSTEMS, INC.

DBA RELAX in COMFORT

Principal Place of Business

Mailing Address

1844 WEST FAIRBANKS AVE.
 SUITE 202
 WINTER PARK FL 32789
 US

1844 WEST FAIRBANKS AVE.
~~SUITE 202 PO BOX~~
 WINTER PARK FL 32789-4302
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

P.O. Box 2067

WINTER PARK

32790

USA



DO NOT WRITE IN THIS SPACE

59-3497413

4. FEI Number **APPLIED FOR**

Applied For
 Not Applied

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

DEPAULIS, DON
1844 WEST FAIRBANKS AVE.
WINTER PARK FL 32789

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, 2000 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	DSTC	<input type="checkbox"/> Delete
NAME	DEPAULIS, DON	
STREET ADDRESS	1844 WEST FAIRBANKS AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PAPPADAKIS, DANIEL	
STREET ADDRESS	14372 STANFORD CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32820	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	7145 LAKE DRIVE	
STREET ADDRESS	ORLANDO, FL 32809	
CITY-ST-ZIP	ORLANDO, FL 32809	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	7145 LAKE DRIVE	
STREET ADDRESS	ORLANDO, FL 32809	
CITY-ST-ZIP	ORLANDO, FL 32809	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-00 40764520

Date

Daytime Phone #

X