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 # **P97000100769**1. Corporation Name

DYNAMIC BRACING OF POLK, INC.

Principal Place of Business		Mailing Address		E INTINET HE INTIL INTHI SENI SENI SENI SENI SENI SENI SENI SEN	
3532 WATERFIELD PARKWAY		3532 WATERFIELD PARKWAY		,	
LAKELAND FL 33803-9704		LAKELAND FL 33803-9704		DO NOT WRITE IN THIS SPACE	
US		US		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
				11/24/1997	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number . Applied Fo	—-
21		26		59-3485561 Not Applica	$\overline{}$
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	al l
City & State		City & State			
23		28		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees	}
Zip .	Country	Zip	Country	8. This corporation owes the current year Intangible	
24	25	29 30		Personal Property Tax.	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent	
			81 Name		İ
WILSON, GARY P			82 Street Address (P.O. Box Number is Not Acceptable)		
	MAHOGANY RUN		- - - -		
WINTER HAVEN FL 33884			83		
			84 City	■■ 85 Zip Code	
			1 1	FL 1	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named con	poration submits this statement for the purpose of changing its register ion's board of directors. I hereby accept the appointment as registered	ed
office or n	egistered agent, or both, in the State of m familiari with, and accept the obligati	if Florida. Such change was auth ions of, Seation 607.0505, Florida	iorized by the corporat a Statutes.	ion's board of directors. I nereby accept the appointment as registered	
SIGNATURE	Down DV		0	100	- }
SIGNATURE	Signature, typed or printed name of registered agent		egistered Agent algnature requir		6
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Ac	dition
NAME	WILSON, GARY P		1.2 NAME		. }
STREET ADDRESS	4311 MAHOGANY RUN		1.3 STREET ADDRESS	•	زِ
CITY-ST-ZIP	WINTER HAVEN FL 33884		1.4 CITY-ST-ZIP		<u></u> _ }
TITLE	•	☐ DELETE	2.1 TITLE	☐ Change ☐ Ad	ddition C
NAME			2.2 NAME		
STREET ADDRESS		•	2.3 STREET ADDRESS		}
CITY-ST-ZIP			2.4 CITY-ST-ZIP	DA	d di bia a
TITLE ·		☐ DELETÉ	3.1 TITLE	☐ Change ☐ Ac	ddition
NAME			3.2 NAME	•	
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		3.4. CITY-ST-ZIP	Πά Πά	ddition
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Ac	ddition
NAME		•	4, 2 NAME		Ì
STREET ADDRESS			4.3 STREET ADDRESS		{
CITY-ST-ZIP			4.4 CfTY-ST-ZIP	Change A	dition
TITLE	,	☐ DELETE	5.1 TITLE		JUILION)

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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, withyall other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURÉ:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

Change

Addition

May 01, 1999 8:00 am Secretary of State

05-01-1999 90003 014 ***150.00