

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 13, 1999 8:00 am
Secretary of State

09-13-1999 90004 048 ***550.00

DOCUMENT # **P98000015369**
Corporation Name
RHODES ORTHOPAEDICS, INC.



Principal Place of Business Mailing Address
226 FUCHSIA ROAD 18226 FUCHSIA ROAD
FORT MYERS FL 33912 FORT MYERS FL 33912

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/17/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-34-96241	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134		10. Name and Address of New Registered Agent	
81 Name		85 Zip Code	
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
E IE EET ADDRESS -ST-ZIP	PSTD RHODES, JAY J 18226 FUCHSIA ROAD FORT MYERS FL 33912 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E IE EET ADDRESS -ST-ZIP	<input type="checkbox"/> DELETE	1.2 NAME	
E IE EET ADDRESS -ST-ZIP	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
E IE EET ADDRESS -ST-ZIP	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
E IE EET ADDRESS -ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E IE EET ADDRESS -ST-ZIP	<input type="checkbox"/> DELETE	2.2 NAME	
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E IE EET ADDRESS -ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E IE EET ADDRESS -ST-ZIP	<input type="checkbox"/> DELETE	3.2 NAME	
E IE EET ADDRESS -ST-ZIP	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
E IE EET ADDRESS -ST-ZIP	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
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E IE EET ADDRESS -ST-ZIP	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
E IE EET ADDRESS -ST-ZIP	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
E IE EET ADDRESS -ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E IE EET ADDRESS -ST-ZIP	<input type="checkbox"/> DELETE	6.2 NAME	
E IE EET ADDRESS -ST-ZIP	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
E IE EET ADDRESS -ST-ZIP	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

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.

SIGNATURE: **Jay Rhodes** **9/13/99** (941) 267 9716

CR2E034 (5/99)