

P98000090733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

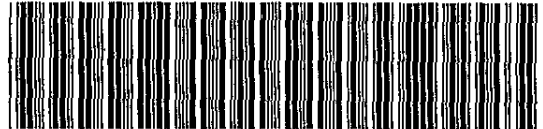
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700036260697

05/19/04--01029--009 \*\*35.00

FILED  
04 MAY 19 PM 4:30  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Rd change  
@ 5/25/04

TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Orthopedic Supplies, Inc.  
(Name of corporation)

DOCUMENT NUMBER: P 98000090733

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

William Perman  
(Name of person)

Orthopedic Supplies, Inc  
(Name of firm/company)

4889 Coconut Creek Parkway  
(Address)

Coconut Creek, FL 33063  
(City/state and zip code)

For further information concerning this matter, please call:

William Perman at 954 933-9145  
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

FILED  
04 MAY 19 PM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida

1. The name of the corporation: Orthopedic Supplies, Inc.  
2. The principal office address: 4889 Coconut Creek Parkway  
Coconut Creek, FL 33063  
3. The mailing address (if different): same  
4. Date of incorporation/qualification: Oct 23, 1998 Document number: P98 000090733  
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

William Perman  
1200 Clint Moore Rd Suite #2  
Boca Raton, FL 33487

6. The name and street address of the new registered agent (if changed) and or registered office (if changed):

William Perman  
4889 Coconut Creek Pkwy  
Coconut Creek, FL 33063  
(P.O. Box or personal mailbox NOT acceptable)

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

William Perman  
(Signature of an officer or director)

WILLIAM PERMAN V.P.  
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

William Perman  
(Signature of Registered Agent)

5-17-04  
(Date)

If signing on behalf of an entity:

WILLIAM PERMAN  
(Typed or Printed Name)

V.P.  
(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FILED  
04 MAY 19 PM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA