## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P98000090733 **DOCUMENT #**

1. Entity Name

ORTHOPEDIC SUPPLIES INC.



## **FILED** Feb 03, 2003 8:00 am Secretary of State 02-03-2003 90293 002 \*\*\*150.00

1-31-05 5619949112

Daytime Phone #

					A SOUTH THE						
Principal Place of Business 1200 CLINTMOORE ROAD, SUITE #2 BOCA RATON FL 33487			Mailing Address 1200 CLINTMOORE ROAD. SUITE #2 BOCA RATON FL 33487								
2. Principal Pla	ace of Business	3. N	failing Address	· .					<u>                                     </u>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			ity & State		4. F	65-0871270		Applied For Not Applicable		İ	
Zip Country			ip .	try	5. Certificate of Status Desired   \$8.75 Additional Fee Required						
	6. Name and Add	Iress of Current Regist	ered Agent	<u></u>		7. 1	Name and Address of New Regi	stered Ag	ent		
	·	TRACE SERVICE	المائي بإيساد التيممان مائه	-	Name <sup>-</sup>	-	•				ĺ
PERMAN,	WILLIAM			Street Address (P.O. Box Number is Not Acceptable)						İ	
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Doon jan					City			FL	Zip Code	)	ĺ
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8. The above	named entity submits	this statement for the po	urpose of changing its	registere	ed office or registe	ered ag	ent, or both, in the State of Florida	a. I am fan	ṇiliar with, a	and accept	
the obligati	ons of registered ag		)				۶ . ۶	( _ 6	ج :	+	
SIGNATURE	4 <del>1</del> 1 <del>1</del> <del>1</del> <del>1</del> <del>1</del> <del>1</del> <del>1</del> <del>1</del> <del>1</del> <del>1</del>		Alle					1-0	!		
·	Signature, typed or printed n	ame of registered agent and title if	applicable. (NOT	E: Registered	d Agent signature requir	ed when re	einstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees				!
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	ertify that the inform	ation supplied with this fi	ling does not qualify to	or the exe	emption stated in	Section	119.07(3)(i), Florida Statutes. I fu	rther certif	y that the i	nformation	1
indicated of the cor	on this report or sup	plemental report is true a ver or trustee empowered	accurate and that I to execute this repor	my signa t as requi			legal effect as if made under oat rida Statutes; and that my name a				
changed	or on an attachment	with an address, with all	other like empowered	<b>\$</b> .				/	- ( -		1

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: .