PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000101402

1. Corporation Name

LILY ORTHPEDIC INC.

| Principal | Place o | f Business |
|-----------|---------|------------|

2. Principal Place of Business

Mailing Address

5850 S.W. 2ND STREET MIAMI FL 33144

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5850 S.W. 2ND STREET MIAMI FL 33144

2a. Mailing Address

26

FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90029 011 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

#65-0884739

12/07/1998

4. FEI Number

| City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City Country St. This corporation owes the current year intangible City C | 22 | шке, Арг. | . #, 6 16. | 27 | Oute, Apr. #, etc. | | | | 5. Certifcate of Status Desired | X | Fee Rec | | |
|--|---|---|-----------------------|--------------------|--------------------|------------|--|----------------------|---------------------------------|-----------|------------|------------|--|
| Zip Country Zip Country S. This corporation owes the current year intangible Personal Property Tax. ZiP Name and Address of Current Registered Agent Street Address of New Registered A | | ity & Stat | te | City | City & State | | | | , , , | - , | | | |
| Series and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 9. Name BRTTO, LLIANA 9850 S.W. 2ND STREET MIAMI FL 33144 92. Street Address (P.O. Box Number is Not Acceptable) 93. Address (P.O. Box Number is Not Acceptable) 94. City FL 85 Zip Code 11. 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 registered agent, or both, in the State of Florida. Such change was authorized by the corporation shown to 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, or both, in the State of Florida. Such change was authorized by the 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 submits this statement for the purpose of changing its registered office or registered agent or purpose agent agents registered of directors. I hereby accept the appointment as registered office or registered agent or purpose agent agents registered or registered agent or purpose of changing its registered agent agents registered or registered agent agents registered or registered agent agents registered or registered registered agent agents registered or registered agent agents registered or registered registered agent registered or registered regis | | io ai. | Country | | | | | | ent vear Int | | | | |
| BRITO, LILANA S889 S.W. 2ND STREET MIAMI FL 33144 11. 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 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, and minimis with, and accept the obligations of, Section 907.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am limitine with, and accept the obligations of, Section 907.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am limitine with, and accept the obligations of, Section 907.9505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am limitine with, and accept the obligations of, Section 907.9505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered orifice or registered agent. I am limitine with, and accept the obligations of Section 907.9505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered orifice or registered agent. I am limitine with, and accept the appointment as registered agent. I am limitine with, and accept the appointment as registered agent. I am limitine with, and accept the appointment as registered agent. I am limitine with, and accept the appointment as registered agent. I am limitine with, and accept the appointment as registered agent. I am limitine with, and accept the appointment as registered agent. I am limitine with, and accept the appointment as registered agent. I am limitine with, and accept the appointment as registered agent. I am limitine with, and accept the appointment as registered agent. I am limitine with, and accept the appointment as registered a | 24 | | · · | ⊢ ¬ ′ | | | | | | | | □No | |
| BRITO, LILIANA \$850 S.W. 2ND STREET MIAMI FL 33144 22 Street Address (P.O. Box Number is Not Acceptable) 33 | | | | | | | | | | | | | |
| \$2 Street Address (P.O. Box Number is Not Acceptable) ### Address (P.O. Box Number is Not Acceptable) ### Active for Address (P.O. Box Number is Not Acceptable for Addition Interest (P.O. Box Number is Not Acceptable) ### Active for Address (P.O. Box Number is | | | | | | | 81 | Name | | | | | |
| MIAMI FL 33144 Base Base | | | | | | | - | O44 A dalaa | (D.O. Day Marchaella Marchaella | \ | | | |
| ### City | 5850 S.W. 2ND STREET | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| 11. 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 The control of the purpose of change is a possible of the obligations of, Section 607.0505, Florida Statutes. NOTE. Registered Agent spinular required when released upon the purpose of change is registered agent, or both, in the State of Florida Statutes. NOTE. Registered Agent spinular required when released upon NOTE. | MIAMI FL 33144 | | | | | | 83 | | | | | | |
| 11. 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 The control of the purpose of change is a possible of the obligations of, Section 607.0505, Florida Statutes. NOTE. Registered Agent spinular required when released upon the purpose of change is registered agent, or both, in the State of Florida Statutes. NOTE. Registered Agent spinular required when released upon NOTE. | | | | | i | | | | - | | I | | |
| 11. Persuant to the provisions of Sections 807 0502 and 807 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and so the control of the corporation | | | | | | | 84 | City | | FL | 85 Zip C | ode | |
| 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, and married in | 11. | 11. 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 | | | | | | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent agentarie required when reinstalisticity DATE | 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 | | | | | | | | | | | | |
| Signature, typed of printed ramp of registered agent and table if applicable. NOTE: Registered Agent signature required when reinstaturing) | | | | | | | | | | | | | |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PVD DELETE 1.1TITLE Change Addition STREET ADDRESS CITY-ST-ZIP MIAMI FL 33144 | SIG | NATURE | | nd title if applic | able. (NOTE; | Registered | Agent | t signature required | when reinstating) | DATE | | | |
| NAME BRITO, LILIANA STREET ADDRESS 5850 S.W. 2ND STREET CITY-ST-ZP MIAMI FL 33144 ITILE SD DELETE 21 TITLE SNO | 12. | | | | | 13. | | | ADDITIONS/CHANGES TO OF | FICERS AN | D DIRECTOR | RS IN 12 | |
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| STREET ADDRESS S.W. 2ND STREET 13 STREET ADDRESS 14 CITY-ST-ZIP MIAMI FL 33144 14 CITY-ST-ZIP Change Addition Addi | NAME | | BRITO, LILIANA | | | 1.2 N | ME | | | | | ľ | |
| TITLE SD | | | | | | 1.3 \$3 | REET | ADDRESS | | | | | |
| TITLE SD | СПҮ-: | ST-ZIP | MIAMI FL 33144 | | | 1.4 CI | ry-st | -ZIP | | | | | |
| STREET ADDRESS SOT S.W. 64TH COURT 23 STREET ADDRESS | TILE | | | | ☐ DELETE | 2.1 TI | ΓLE | | | <u></u> | ☐ Change | ☐ Addition | |
| STREET ADDRESS SOT S.W. 64TH COURT 23 STREET ADDRESS | NAME | | SANCHEZ, CESARIO JR. | | | 2.2 N | ME | | | | | | |
| CITY-ST-ZIP MIAMI FL 33144 2.4 CITY-ST-ZIP Change Addition | STREE | | | | | | REET | ADDRESS | | | | ļ | |
| TITLE | CITY- | ST-ZIP | MIAMI FL 33144 | | | 2.4 C | TY-S | T-ZIP | | | | | |
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| CITY-ST-ZIP | NAME | | | | | 3.2 NA | ME | | | | | | |
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| TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME | CITY- | ST-ZIP | | | | 3.4. C | TY-\$ | T-ZIP | | | | | |
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| A CITY-ST-ZIP | NAME | | | | | 4. 2 N | AME | | | | | 1 | |
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| NAME 52 NAME STREET ADDRESS 53 STREET ADDRESS CITY- ST-ZIP 54 CITY- ST-ZIP TITLE DELETE 61 TITLE NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS | CITY- | ST-ZIP | - | | | 4.4 CI | ry-st | -ZiP | | | | | |
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| STREET ADDRESS SA CITY-ST-ZIP | NAME | | | | | 5.2 N | ME | | | | | | |
| DELETE 6.1 TITLE Change Addition | STREE | T ADDRESS | | | | 5.3 S1 | REET | ADDRESS | | | | ſ | |
| NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS | CITY- | ST-ZIP | | _ | | 5.4 CI | TY-ST | -ZIP | | | | | |
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| STREET ADDRESS | NAME | | 1 | | | 6.2 NA | ME | | | | | | |
| CITY-ST-7JP 64 CITY-ST-7JP | STREE | ET ADDRESS | | | | 6.3 ST | REET | ADDRESS | | | | | |
| ▼··· ▼· ■·· | CITY- | ST-ZIP | | | | 6.4 CI | TY-ST | -ZIP | • | | | | |

14. 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 trusted 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, with all other like empowered.

SIGNATURE: <u>S</u>

USE REQUIRMARCH 22, 1999

460-9908

Applied For

Not Applicable