

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90149 040 \*\*\*150.00

**DOCUMENT # P98000107453**

1. Entity Name  
**ORTHOPEDIC IMPLANT CONSULTANTS, INC.**



Principal Place of Business  
**2761 NE 8TH COURT  
POMPANO BEACH FL 33062**

Mailing Address  
**2761 NE 8TH COURT  
POMPANO BEACH FL 33062**

**22000756**



2. Principal Place of Business  
**505 NW 65 CT**  
Suite, Apt. #, etc.  
**102**

3. Mailing Address  
**505 NW 65 CT**  
Suite, Apt. #, etc.  
**102**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**FT LAUDERDALE, FL**  
Zip  
**33309** Country  
**USA**

City & State  
**FT LAUDERDALE, FL**  
Zip  
**33309** Country  
**USA**

4. FEI Number **65-0886502**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**RUSSO, FRANK**  
**2761 NE 8TH COURT**  
**POMPANO BEACH FL 33062**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPTS**  
**RUSSO, FRANK** ☐ Delete  
**2761 NE 8TH COURT**  
**POMPANO BEACH FL 33062**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
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☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Frank Russo** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/03** **(254) 714-7933**  
Date Daytime Phone #

CR2E034 (10/02)