03021999-90124-033-$150.00-$150.00

PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # S60069

1. Corporation Name
ORTHO TECHNOLOGY, INC.

[redacted]

Principal Place of Business	Mailing Address
19651 BRUCE B. DOWNS BLVD. SUITE D2 TAMPA FL 33647 US	19651 BRUCE B. DOWNS BLVD. SUITE D2 TAMPA FL 33647 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/13/1991

2. Principal Place of Business	2a. Mailing Address
21 8909 Regents Park Dr	26 8909 Regents PKD
Suite, Apt. #, etc. 22 410	Suite, Apt. #, etc. 27 Ste 410
City & State 23 Tampa FL	City & State 28 Tampa FL
Zip / Country 24 33647 25 Hills	Zip / Country 29 33647 30 Hills

4. FEI Number: 59-3072087 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LEAGHTY, BRIAN 19651 BRUCE B. DOWNS BLVD SUITE D2 TAMPA FL 33647	81 Name: Brian Leaghty 82 Street Address (P.O. Box Number is Not Acceptable): 8909 Regents Park Dr 83 Ste 410 84 City: Tampa FL 85 Zip Code: 33647

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LEAGHTY, BRIAN 1951 BRUCE B. DOWNS BLVD. TAMPA FL 33647	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Brian Leaghty	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	TS. 3/25/99 99AR	☐ Change ☐ Addition

ORTHO TECHNOLOGY®
8909 Regents Park Drive
Tampa, Florida 33647-3079
1-800-999-3161 • Fax: (813) 991-5986

CR2E034 (11/98)

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 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, with all other like empowered.

SIGNATURE: BD leaghty Brian Leaghty 03-17-99 813-991-5896