FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Jun 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S74500** **(7)**

1. Corporation Name
ORTHOPEDIC MARKETING SYSTEMS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
300 SOUTH DUNCAN AVENUE
SUITE 190
CLEARWATER FL 34615

Mailing Address
300 SOUTH DUNCAN AVENUE
300
CLEARWATER FL 34615
US

3. Date Incorporated or Qualified: 08/20/1991

4. FEI Number: 59-3079645 — 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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business
21 300 S. Duncan Ave.
Suite, Apt #, etc.
22 Suite 275
City & State
23 Clearwater, FL
Zip 24 33755 — Country 25 USA

2a. Mailing Address
26 300 S. Duncan Ave.
Suite, Apt #, etc.
27 Suite 275
City & State
28 Clearwater, FL
Zip 29 33755 — Country 30 USA

9. **Name and Address of Current Registered Agent**
BRUNSON, JOHN MORGAN
1465 S. FORT HARRISON AVENUE
SUITE 201
CLEARWATER FL 34616

10. **Name and Address of New Registered Agent**
81 Name: Cheryl J. Cornelius
82 Street Address (P.O. Box Number is Not Acceptable): 300 S. Duncan Avenue
83 Suite 275
84 City: Clearwater FL 85 Zip Code: 33755

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 Cheryl J. Cornelius [signature] April 28, 1998
(Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	BARRETT, ERIKA L.	
STREET ADDRESS	300 S. DUNCAN AVE SUITE 240	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	S	☒ DELETE
NAME	HALL, BETTY JEAN	
STREET ADDRESS	300 S. DUNCAN AVE. SUITE 240	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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.

SIGNATURE: [signature] April 28, 1998 (813) 461-2700