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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90106 027 ***150.00

DOCUMENT # V27811 1. Corporation Name

ORTHOK	raft Laboratories, in	IC.				
Principal Place of Business Mailing Address					- E 1884 Bridis jillis illan illias jildi didi didi andi man acan anan anan	
1605 SUNSHINE DR PO BOX 10784 CLEARWATER FL 33765 US PO BOX 10784 CLEARWATER FL 33757 US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/07/1992	
2 Principal Place of Business 2a Mailing Address						4. FEI Number Applied For
<u></u>						59-3098461 Not Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Additional	
22 27 27					5. Certificate of Status Desired Fee Required	
City & State	City & State City & State					6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution
Zip	Country		Cou	ntry		8. This corporation owes the current year Intangible
24	25	29	30	_		1 Crookidi 1 reporty 1 cm
	9. Name and Address of Curr	ent Registered Agent		81	N I	10. Name and Address of New Registered Agent
PETERSON, DONNA J. 1218 CT ST CLEARWATER FL 34018 33756			82 83	Name Street Addre	ess (P.O. Box Number is Not Acceptable)	
	••			84	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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when					when reinstating) DATE	
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELETE 1.11		1.1 TF	īLΕ		Change Addition
NAME	PETERSEN, DONNA J.		1.2 NAME			
STREET ADDRESS	1218 COURT ST., STE C		1.3 5		ADDRESS	
CITY-ST-ZIP	4		1.4 CI	TY-S1	T-ZIP	
TITLE	Р	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	PETERSEN, DALE E		2.2 NA	ME	İ	
STREET ADDRESS	1218 CT ST., STE C		2.3 STREET		ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33756		2. 4 CITY-S		T-ZIP	
TILE		DELETE	3.1 ∏	ΠE		☐ Change ☐ Addition
NAME	,		3.2 NA	WE		
STREET ADDRESS			3.3 STREET		TADDRESS	
CITY-ST-ZIP	3.4.4		3.4. C	ITY-S	ST-ZIP	
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CITY-ST-ZIP			4.4 CI	TY-S	T-ZIP	
TITLE		☐ DELETE	5.1 TI			☐ Change ☐ Addition
NAME			5.2 N/	AME		, ,
STREET ADDRESS			5.3 \$7	REET	TADORESS	
CITY-ST-ZIP		•	5.4 CI	TY-S	T-ZIP	

CITY-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 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: 4

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

Change

Addition