SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG 10 PM 12:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **V61296** (2)

1. Corporation Name
TOTAL ORTHOPEDIC SYSTEMS, INC.

Principal Place of Business	Mailing Address
2811 WHISPER OAKS DRIVE SUITE 103B GULF BREEZE FL 32561 US	2811 WHISPER OAKS DRIVE SUITE 216 GULF BREEZE FL 32561 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/31/1992
3a. Date of Last Report: 08/09/1994

2. Principal Place of Business	2a. Mailing Address
21 2811 Whisper Oaks Dr	26 2811 Whisper Oaks Dr.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Gulf Breeze FL	28 City & State: Gulf Breeze FL
24 Zip: 32561 25 Country: US	29 Zip: 32561 30 Country: US

4. FEI Number: 59-3140969 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes* ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BRAMLETT, WILLIAM E. 2811 WHISPER OAKS DRIVE GULF BREEZE FL 32561	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 1 TITLE	☑ Change ☐ Addition: President
NAME	BRANLETT, WILLIAM E.	1 2 NAME	Bramlett, William E.
STREET ADDRESS	2811 WHISPER OAKS DRIVE	1 3 STREET ADDRESS	2811 Whisper Oaks Drive
CITY-ST-ZIP	GULF BREEZE FL	1 4 CITY-ST-ZIP	Gulf
TITLE	ST	2 1 TITLE	☐ Change ☐ Addition
NAME	BRAMLETT, LYNETTE C.	2 2 NAME	
STREET ADDRESS	2811 WHISPER OAKS DRIVE	2 3 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL	2 4 CITY-ST-ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Lynette C. Bramlett Aug. 2, 1995 (904) 932 7879
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0121377 CP