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Feb 18, 1999 8:00am
Secretary of State

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DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **V66741**

1. Corporation Name
LENNON ORTHOPEDICS, INC.

Principal Place of Business Mailing Address
5639 NATOMA DRIVE 5639 NATOMA DRIVE
FT. MYERS FL 33919 FT. MYERS FL 33919

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	09/23/1992	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Country	65-0359143	
24	Country	29	Country	Applied For	
25		30		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/>	
ELLISON, LARRY D. 17274 SAN CARLOS BLVD. #202 FT. MYERS BEACH FL 33931				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	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.				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
ELLISON, LARRY D.
17274 SAN CARLOS BLVD.
#202
FT. MYERS BEACH FL 33931

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	1.2 NAME	
STREET ADDRESS	LENNON, STEVEN M.	1.3 STREET ADDRESS	
CITY-ST-ZIP	5639 NATOMA DRIVE	1.4 CITY-ST-ZIP	
		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.2 NAME	
NAME		2.3 STREET ADDRESS	
STREET ADDRESS		2.4 CITY-ST-ZIP	
CITY-ST-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
TITLE	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
NAME		3.4 CITY-ST-ZIP	
STREET ADDRESS		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		4.2 NAME	
		4.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE:  **STEVEN M LENNON** 1/8/99 (941) 489-3242
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0444001

CR2E034 (11/98)