

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

FILED  
Mar 14, 1999 8:00 am  
Secretary of State

03-14-1999 90027 011 \*\*\*150.00

DOCUMENT # V70420

1. Corporation Name

ORTHOSIS CORRECTIVE SYSTEMS CORPORATION

Principal Place of Business

6554 44TH ST N  
STE 1002  
PINELLAS PARK FL 34665

Mailing Address

6554 44TH ST N  
STE 1002  
PINELLAS PARK FL 34665

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/06/1992

4. FEI Number

59-3148768

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

LEVENREICH, DAVID C.  
406 SOUTH PROSPECT AVENUE  
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name

Levenreich, David C

82 Street Address (P.O. Box Number is Not Acceptable)

406 South Prospect Avenue

83

84 City

Clearwater

FL

85 Zip Code

33756

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CP  
MAGDOVITZ, BERNARD  
3400 GULF BLVD. #204  
BELLEAIR BEACH FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D, Pect

☒

Change

☐ Addition

1.2 NAME

Magdovitz, Bernard

1.3 STREET ADDRESS

6554 44th Street N, Unit 1001

1.4 CITY-ST-ZIP

Pinellas Park, FL 33781

☐

Change

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Addition

2.1 TITLE

C, S

2.2 NAME

Magdovitz, Patricia

2.3 STREET ADDRESS

6554 44th Street N, Unit 1001

2.4 CITY-ST-ZIP

Pinellas Park, FL 33781

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Change

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Addition

3.1 TITLE

V, T

3.2 NAME

Bell, Julia

3.3 STREET ADDRESS

6554 44th Street N, Unit 1001

3.4 CITY-ST-ZIP

Pinellas Park, FL 33781

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Change

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Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐

Change

☐

Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐

Change

☐

Addition

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:

Bernard Magdovitz  
PRESIDENT

(727) 526-0707

Date

Daytime Phone #

CR2E034 (1/98)