FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Oct 02, 2002 8:00 am Secretary of State

DOC	UMENT# V704	7 10-02-2002 90118 034 ***550.00				
1. Entity N	lamo					
	Orthosis Correc	ctive Dystems (orporati	้อท		
V. Ne. in our in the same	Total ways by late			t	X	
DO NOT WRITE IN THIS SPACE					678667	
	DO NOT WRIT	e in this s	PACE			
2. Principa	I Place of Business	3. Mailing Address				
901 Harbor Drive Suite, Apt. #, etc.		3. Walling Address			DO NOT WRITE IN THIS SPACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State Belleair Beach FL Zip 33786 Country USA		City & State			4. FEI Number Applied For	
		Zip Cou		·	59 - 314 8768	Not Applicable
55 /	86 USA					\$8.75 Additional Fee Required
				7. Name and Address of Current Registered Agent Name David C. Levenceich		
DO NOT WRITE * IN THIS SPACE			s	treet Address (P.O. Box Number is Not Acceptable)	
			_			
					South Prospect Avenue	
8. The above	e named entity submits this statement for	or the purpose of changing its	用分裂 124	- Clear	water FL ed agent, or both, in the State of Florida.	^{Zip Code} 33756
	-	or and purpose of changing its	registered of	nce or register	ed agent, or both, in the State of Florida.	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTF:	: Registered Acad	k signature required		
9. This corp	oration is eligible to satisfy its Intangible	January 1 - Ma	ay.1 Fee is	\$150.00	when reinstating) DATE	
lax filit	requirement and elects to do so.	After May 1 Amended	1, Fee is \$5 I UBR is \$6	50.00 1.25	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be
11.	OFFICERS AND	DIRECTORS	le to Depar	ment of State) is a second of the second of	Added to Fees
TITLE NAME	Director and President	ł	TITLE			
STREET ADDRESS CITY-ST-ZIP	Bernard Magdovitz 901 Harbor Drive		name Stréel ádd	RESS		1300
TITLE	Belleair Beach FL	33786	CITY-ST-21			CR2E034B
NAME	Patricia Irlagaovitz	Secretary Measurer	TITLE			Z. Z.
STREET ADDRESS CITY-ST-ZIP	901 Harbor Drive Belleair Beach FL	33786	STREET ADO	0187411 1, 0 110-11		Ō
TITLE	Delleatt Beauti FL	33100	CITY-ST-ZIF			
NAME STREET ADDRESS	·		NAME	lesied w estimate.	A tool addition between the contractions	
CITY-ST-ZIP			STREET ADDI	ESS	DO NOT WRIT	E
TITLE NAME			TITLE		IN THIS SPAC	30 14 (31 (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
STREET ADDRESS			NAME STREET ADDR	ESŠ.		
CITY-ST-ZIP			CITY-ST-ZIP			
NAME			TITLE NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDR	SS		
TITLE			CITY-ST-ZIP			
NAME STREET ADDRESS		:	NAME			
CITY-ST-ZIP			STREET ADDRE			
13. I hereby ce indicated or the core	ertify that the information supplied with the in this report or supplemental report is the control or the report is the report in the report is the report in the report in the report is the report in the repor	nis filing does not qualify for the ue and accurate and that my s	e exemption signature sha	stated in Sectio	nn 119.07(3)(i), Florida Statutes. I further certify to legal effect as if made under oath; that I am a Florida Statutes: and the control	hat the information
attachment	with an address, with all other like empo	vered to execute this report as owered.	s required b	Chapter 607,	Florida Statutes; and that my name appears in	in officer or director Block 11 or on an
SIGNATU	JRE: Beal C	2 -			9/3:/	27
	SIGNATURE AND TYPED OR PRIN	ITED NAME OF SIGNING OFFICER OR D	NRECTOR		Date Date	95-443