FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000062403 (8)**

1. Corporation Name

MIAMI BEACH LIMB & BRACE, INC.

Principal Place of Business
~~Godfrey~~
~~950 ARTHUR GODGREY RD.~~
MIAMI BEACH FL 33140

Mailing Address
~~Godfrey~~
~~950 ARTHUR GODGREY RD.~~
MIAMI BEACH FL 33140

3. Date Incorporated or Qualified: **08/24/1994**

3a. Date of Last Report: **06/15/1995**

4. FEI Number: **65-0517434** ☐ 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

2. Principal Place of Business (21) | Suite, Apt. #, etc. (22) | City & State (23) | Zip (24) | Country (25)

2a. Mailing Address (26) | Suite, Apt. #, etc. (27) | City & State (28) | Zip (29) | Country (30)

9. Name and Address of Current Registered Agent

~~SINNOTT, BRYAN W~~
~~21241 S.W. 94TH AVE.~~
~~MIAMI FL 33189~~

10. Name and Address of New Registered Agent

81 Name: KTG&S REGISTERED AGENT CORP.
82 Street Address (P.O. Box Number is Not Acceptable): 100 SE 2ND STREET
83 28 FLOOR
84 City: MIAMI FL 85 Zip Code: ~~33~~131

11. Pursuant to the provisions of Section 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. The 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: Marc H. Auerbach, Pres. of KTG&S REGISTERED AGENT CORP. DATE: 3/26/96
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent Signature required if changed)

12. OFFICERS AND DIRECTORS

TITLE	~~D~~	☒ DELETE
NAME	~~SINNOTT, BRYAN W~~	
STREET ADDRESS	~~21241 S.W. 94TH AVE.~~	
CITY-ST-ZIP	~~MIAMI FL 33189~~	
TITLE	~~D~~	☒ DELETE
NAME	~~SINNOTT, LORI A~~	
STREET ADDRESS	~~21241 S.W. 94TH AVE.~~	
CITY-ST-ZIP	~~MIAMI FL 33189~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D/CH/P	☒ Change	☒ Addition
12 NAME	TERRI BUKACHESKI		
13 STREET ADDRESS	950 Arthur Godfrey Rd.		
14 CITY-ST-ZIP	Miami Beach, FL 33140		
21 TITLE	D/S/T	☒ Change	☒ Addition
22 NAME	PETER BUKACHESKI		
23 STREET ADDRESS	950 Arthur Godfrey Rd.		
24 CITY-ST-ZIP	Miami Beach, FL 33140		
31 TITLE		☐ Change	☐ Addition
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		☐ Change	☐ Addition
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		☐ Change	☐ Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		☐ Change	☐ Addition
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

CR2E034 (12/95)

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: _____ 3/22/96 (305)534-1751

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #