## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## 1999 P9700083643

Country

9. Name and Address of Current Registered Agent

25

1. Corporation Name

FALK PROSTHETICS & ORTHOTICS, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

27

28

Zip

Suite, Apt. #, etc.

City & State

4983 WEST ATLANTIC AVE DELRAY BEACH FL 33445

2. Principal Place of Business

FALK, DAVID L 166 AMHERST LANE LAKE WORTH FL 33467

Suite, Apt. #, etc.

City & State

22

23

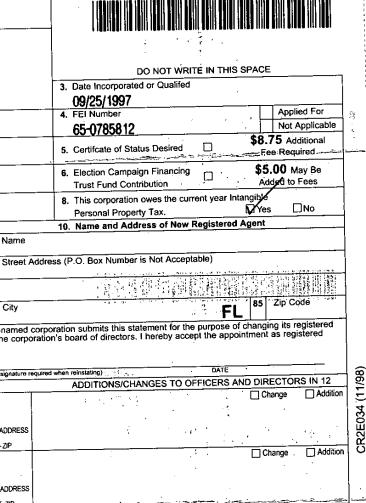
24

Zip

4983 WEST ATLANTIC AVE DELRAY BEACH FL 33445

## FILED Feb 16, 1999 8:00am Secretary of State

02-16-1999 90041 036 \*\*\*150.00



84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. DELETE 1.1 TITLE TITLE 1.2 NAME FALK, DAVID NAME 1.3 STREET ADDRESS 166 AMHERST LANE STREET ADDRESS 1.4 CITY-ST-ZIP LAKE WORTH FL 33467 CITY-ST-ZIP DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 51 T(T) E TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CiTY-ST-ZIP CITY-ST-ZIF Addition ☐ Change 6.1 TITLE □ DELETE TITLE 6.2 NAME  $\mathcal{A}_{\lambda}$ NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

Country

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83

30

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:

GNATURE AND LAND OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99

Daytime Phone #