

Florida United States Virgin Islands St. Thomas St. Croix THE CENTER FOR PROFESSIONAL LEGAL SERVICES

A Private, Full Service, Law Firm

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5405 Diplomat Cir., Ste. 201 Oriando, Florida 32810... Phone (407) 647-7887 Facsimile (407) 647-5396

April 14, 1999

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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RE:

Statement of Change of Registered Office and Registered Agent for

Specialty Orthotics & Prosthetics, Inc.; Our File No. 90-44

Dear Sir/Madam:

Enclosed please find the original of the statement of change of Registered Office or Registered Agent or both for Corporations for the above-referenced Corporation and a designation and acknowledgment of successor Registered Office and Agent of Specialty Orthotics & Prosthetics, Inc. along with our check in the amount of \$35.00 for the filing of this matter. Please file this document and forward a certificate of filing to me at the above Orlando address regarding the same. Thank you for your courtesies regarding this matter if you have any questions regarding the same please feel free to contact me at the above number or address.

Sincerely

TP/tlc

Enclosure

c: Ray Collier

99 MAY -7 PM 2:38
SECRETARY OF STATE
TALLAHASSEE

RA. Charge LFT 5-10-99 \$ 308, 109, 7674



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 22, 1999

Tee Persad, Esquire % THE CENTER FOR PROFESSIONAL LEGAL SERV 5405 Diplomat Circle, Suite 201 Orlando, FL 32810

SUBJECT: SPECIALTY ORTHOTICS & PROSTHETICS, INC.

Ref. Number: P99000009747

We have received your document for SPECIALTY ORTHOTICS & PROSTHETICS, INC. and check(s) totaling \$35.00. However, your check(s) and document are being returned for the following:

Please sign and return your check along with this document in order to complete your filing.

If you have any questions concerning this matter, please either respond in writing or call (850) 487-6910.

Louise Flemming-Jackson Corporate Specialist Supervisor

Letter Number: 699A00021080



Florida United States Virgin Islands St. Thomas St. Croix

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5405 Diplomat Cir., Ste. 201 Orlando, Florida 32810 Phone (407) 647-7887 Facsimile (407) 647-5396

May 4, 1999

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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Specialty Orthotics & Prosthetics, Inc.; Our File No. 90-44

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Sincere

the Persad, Esq.

TP/tlc

Enclosure

c: Ray Collier

STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT FOR SPECIALTY ORTHOTICS & PROSTHETICS, INC.

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

- The name of the corporation is: Specialty Orthotics & Prosthetics, Inc.
- The mailing address of the corporation is: 419 West Columbia Street, Orlando, Florida 32837.
- 3. Date of incorporation/qualification: 2-1-, 1999
 Document number: P9900000974-7
- The name and address of the current registered agent and office:

Jacinta M. Mathis, Esq. The Center For Professional Legal Services 5405 Diplomat Cir., Ste. 201 Orlando, Florida 32810

5. The name and address of the new registered agent and office:

Ray Collier 419 West Columbia Street Orlando, Florida 32805

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

(Signature of an officer, chairman or vice chairman of the board)

4.13-95 (Date)

Ray Collier, President and Director

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

Ray Collier, President and Director

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