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95 MAY -1 AM 8:11

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 388675 (1)

1. Corporation Name

SED PROSTHETICS & ORTHOTICS CO., INC.

Principal Place of Business
**811 NE 125TH ST
NORTH MIAMI FL 33161-1813**

Mailing Address
**811 NE 125TH ST
NORTH MIAMI FL 33161-1813**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/21/1971** 3a. Date of Last Report **04/19/1994**

2. Principal Place of Business 26. Mailing Address

21. State Apt. # etc 27. State Apt. # etc

22. City & State 28. City & State

23. Zip 29. Zip

24. 25. 29. 30.

4. FEI Number **59-1362613** 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

7. This corporation has failed to file its annual report under Chapter 607, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SED, AUGUSTIN A.
19641 NW 57TH PL
MIAMI FL 33015**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.09(2) 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 607.0905, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent in Charge)

(Signature of Agent or Agent in Charge)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 NAME STREET ADDRESS CITY, ST, ZIP	PD SED, AUGUSTIN A. 19641 NW 57TH PL MIAMI FL
12.2 NAME STREET ADDRESS CITY, ST, ZIP	
12.3 NAME STREET ADDRESS CITY, ST, ZIP	
12.4 NAME STREET ADDRESS CITY, ST, ZIP	
12.5 NAME STREET ADDRESS CITY, ST, ZIP	
12.6 NAME STREET ADDRESS CITY, ST, ZIP	
12.7 NAME STREET ADDRESS CITY, ST, ZIP	

13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.4 NAME	
13.5 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8 NAME	
13.9 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 607.09(2)(b), Florida Statutes. I further certify that the information is accurate, that this annual report or Supplemental Report report is true and correct 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 person or persons authorized to prepare this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, as changed, or on an amendment with an addendum.

SIGNATURE: *Augustine A. Sed* 4/28/95 305-893-2070
(Signature and Typed or Printed Name of Signing Officer or Director)