2002 Uniform Business Report (UBR)

Mar 13, 2002 8:00 am § DOCUMENT # 579059 **Secretary of State** 1. Entity Name 03-13-2002 90015 039 ***150.00 PALM BEACH PROSTHETICS, INC. Principal Place of Business Mailing Address 17605 BRIDLE LANE 17605 BRIDLE LANE JUPITER FL 33478 JUPITER FL 33478 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1852828 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PAUL, GLENN L Street Address (P.O. Box Number is Not Acceptable) 17605 BRIDLE LANE JUPITER FL 33478 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (9/01 TITLE Change ☐ Addition TITLE ☐ Delete NAME PAUL, BARBARA NAME CR2E034 STREET ADDRESS STREET ADDRESS 17605 BRIDLE LANE CITY-ST-ZIP JUPITER FL CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME PAUL, GLENN L STREET ADDRESS STREET ADDRESS 17605 BRIDLE LANE CITY-ST-ZIP CITY-ST-ZIP Jupiter FL [] Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE E Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 report or supplemental 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 true e empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all chapter 607.

2-27-02 561-575-5838

FILED