2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 08, 2000 8:00 am DOCUMENT # 622218 1. Entity Name **Secretary of State** U.S. ORTHOTICS, INC. 03-08-2000 90070 012 ***150.00 Mailing Address Principal Place of Business 8605 PALM RIVER ROAD 8605 PALM RIVER ROAD TAMPA FL 33619-4317 TAMPA FL 33619 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1908586 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name --ANTHONY E VELAZQUEZ Street Address (P.O. Box Number is Not Acceptable) 8605 PALM RIVER RD TAMPA FL 33619 Zip Code FL thy submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above nan SIGNATUR (NOTE: Registered Agent signature required when reinstating) DATE gnature, typed or printed name of a gistered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. Change ☐ Addition ☐ Delete TITLE TITLE VELAZQUEZ, ANTONIO NAME NAME STREET ADDRESS STREET ADDRESS 912 W ADALEE ST CITY-ST-ZIP CITY-\$T-ZIP **TAMPA, FL 00000** ☐ Addition Change ☐ Delete TITLE TITLE VELAZQUEZ, DOLORES P NAME NAME STREET ADDRESS 912 W ADALEE ST STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TAMPA, FL 00000 Change Addition _ _ _ Delete TITLE TITLE HENRIQUEZ, JOANNA D NAME NAME STREET ADDRESS 912 W ADALEE ST STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TAMPA, FL 00000 ☐ Change Addition ☐ Delete TITLE TITLE VELAZQUEZ, ANTHONY E NAME NAME 17750 OAKBRIDGE ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 00000 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE 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 of trustee 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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTE NAME OF SIGNING OFFICER OR DIRECTOR

2-28-00

813621-7797

Daytime Phone #