FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Apr 28, 2003 8:00 am Secretary of State

DOCUMENT 1. Entity Name	T# F49356 ORTHOTICS + PROSTHETICS	
SUNCOAST	OKTHOTICS TEKOSTHETICS,	
	Inc. V	

1. Entity Nan	AST ORTHOTICS +		ا رد.			04-28-2003 91300	039 ***150.00	
DO NOT WRITE IN THIS SPACE					11024062			
2. Principal Place of Business \$\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		3. Mailing Address 1838 HILLUIEW S Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Stat	OTA, FZ	City & State	, F			Number 59-2131270	Applied For Not Applicable	
Zip 342	39 SARASOTA	34572	SQ:	asota		intilicate of dialog besiled	\$8.75 Additional Fee Required	
	~ · · · · · · · · · · · · · · · · · ·			Name -	7. Nam	e and Address of Current Registered	Agent	-
DO NOT WRITE				Street Address	(P.O. Bo)	P.O. Box Number is Not Acceptable)		
i 	IN THIS SPA	ACE		City	FL Zip Code			
	named entity submits this statement for tions of registered agent.	he purpose of changing its	egistered	office or registe	red agen		amiliar with, and accept	1
signature.	Signature, typed or printed name of registered agent and	of title if applicable. (NOTE:	Registered A	Agent signature required	d when reins	sating) DATE		
7	nuary 1 - May-1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of S			·		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DI							1_
TITLE	PIESIDENT		TITLE		<u>-</u> -			702
NAME STREET ADDRESS CITY-ST-ZIP	ALAN ROSS 1938 HILLVICH ST. SARASSTA, FL	Reet 34239	CITY-S	I				CR2E034B (12/02)
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indicated of the cor attachme	ertify that the information supplied with th on this report or supplemental report is tri poration or the receiver or trustee empoy nt with an address with all other like empo	ue and accurate and that my vered to execute this report	y signatur	e shall have the :	same leg 07, Florid	al effect as if made under oath; that I a la Statutes; and that my name appears	m an officer or director in Block 10 or on an	
SIGNAT	URE:	a / Wan	ı		7 ~	15-03 941	-フロン バンひひ	1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #