


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90191 024 ***150.00

| | |
|--|---|
| DOCUMENT # G69547 1. Entity Name COASTAL ORTHOTICS AND PROSTHETICS, CORP. * |  |
|--|---|

| | |
|---|---|
| Principal Place of Business 510 SW PORT SAINT LUCIE BLVD PORT SAINT LUCIE, FL 34953 | Mailing Address 510 SW PORT SAINT LUCIE BLVD PORT SAINT LUCIE, FL 34953 |
|---|---|

50048677




04282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|--------------------------------|
| 4. FEI Number 59-2347218 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| |
|---|
| 6. Name and Address of Current Registered Agent PERRETТА, JOSEPH 510 SW PORT SAINT LUCIE BLVD PORT SAINT LUCIE, FL 34953 |
|---|

**DO NOT WRITE
IN THIS SPACE**

| | |
|---|---|
| 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. I am familiar with, and accept the obligations of registered agent. | |
| SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> | JOSEPH PERRETTA 29 APR 2005 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small> |

| | |
|--|---|
| FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD PERRETTA, JOSEPH 510 SW PORT SAINT LUCIE BLVD PORT SAINT LUCIE, FL 34953 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

**DO NOT WRITE
IN THIS SPACE**

| |
|---|
| 12. 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |
|---|

SIGNATURE: _____ **772-891-9200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #