

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jan 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # G75681**

1. Entity Name  
**ORTHOTIC-PROSTHETIC CENTER, INC.**



Principal Place of Business  
**2717 MANATEE AVE. W.  
BRADENTON, FL 34205**

Mailing Address  
**2717 MANATEE AVE. W.  
BRADENTON, FL 34205**



01072006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2350206</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**PRATHER, ALAN HARDY  
1806 MANATEE AVE WEST  
BRADENTON, FL 34205**

**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: Charles D. Brown Charles D. Brown 1-26-06  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

1101000402721  
02/03/06-80019-013 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PTD
NAME	BROWN, CHARLES D.
STREET ADDRESS	2717-A MANATEE AVE W.
CITY - ST - ZIP	BRADENTON, FL

TITLE	VSD
NAME	BROWN, BRENDA J.
STREET ADDRESS	2717-A MANATEE AVE W.
CITY - ST - ZIP	BRADENTON, FL

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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 exemptions contained in Chapter 119, 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: Charles D. Brown Charles D. Brown 1-26-06 941-748-25  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #