

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H16984 (7)

1. Corporation Name

ORTHOTIC & PROSTHETIC ASSOCIATES, INC.



Principal Place of Business

Mailing Address

3911 N. BOULEVARD
TAMPA FL 33603

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TAMPA FL 33603

3. Date Incorporated or Qualified

08/16/1984

3a. Date of Last Report

06/09/1995

2. Principal Place of Business

2a. Mailing Address

21 3131 N. Boulevard

26 3131 N. Boulevard

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Tampa, Florida

28 City & State

Tampa, Florida

24 Zip

33603

25 Country

USA

29 Zip

33603

30 Country

USA

4. FEI Number

59-2410544

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KAKLIS, V. WILLIAM
701 - 11TH STREET WEST
BRADENTON FL 33505

10. Name and Address of New Registered Agent

81 Name

DOLAN, MARK R.

82 Street Address (P.O. Box Number is Not Acceptable)

112 East Street

83

Suite B

84 City

Tampa

FL

85 Zip Code

33602

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

1-26-96

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PTD
KNIGHT, JAMES N.
1308 N. BARNES ST.
PLANT CITY FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VSD
HOLM, OLAF
1713 CINNABAR CT
BRANDON FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 or changed, or only in attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Eddy G. Hauer, III

1/26/96 (813) 221-0923

Date

Daytime Phone #

CR2E034 (12/95)