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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE (Cartal

SIGNATURE AND TYPED OA PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # **H24904**

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NORTHSHORE ORTHOTICS & PROSTHETICS, INC.					
Principal Place of Business		Mailing Address		1 HODER III GIHO IIBII GIBIB IBIII DA	tiri bibi didir gasar didir bibit didir sibit iddi
4241 NORTHLAKE BLVD SUITE D PALM BEACH GARDENS FL 33410		4241 NORTHLAKE BLYD SUITE D PALM BEACH GARDENS FL 33410			
				3. Date Incorporated or Qualified 10/10/1984	d 3a. Date of Last Report 02/20/1995
2. Principal Place of Bu	The Bwa	2a. Mailing Address	ALL BUD	4. FEI Number 59-2453978	Applied For
Suite, Apt. #, etc.	TE TOWN	Suite, Apt. #, etc.	num Bus	35 2433576	Not Applicable
2		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City State		Ø & State Ø	/	6. Election Campaign Financing	\$5.00 May Be
3 TALM /Deac	1 house fe	28 Jalm Block	GARIN R	Trust Fund Contribution	Added to Fees
Zφ	Cop try	Zip	Contry 1	8. This corporation has liability for	or intangible tax under s. 199.032,
334.0	25 / m / 2002	29 31414	30 /0 Cm / 241C	_ 	es 💽 No
9, Na	me and Address of Curren	i negistereo Agent	81 Name	10. Name and Address of New	r Hegistered Agent
MATTHAEI, RICH	JARN I				
18855 LAKE BEND DRIVE JUPITER. FL. 33458		82 Street		ldress (P.O. Box Number is Not Acceptable)	
			83		
			84 Orty		FL 85 Zip Code
Pursuant to the pro-	visions of Sections 607.0502	and 607.1508, Florida Statu	tes, the above named con	poration submits this statement for the p	ourpose of changing its registered office opointment as registered agent. I am
familiar with, and ac	coept the obligations of, Section	la. Such change was author,	zed by the comoration's b	ourd or directors. I hereby accept the ap	opomment as registered agent. I am
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