


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # K16230	
1. Entity Name SUNCOAST ORTHOTIC AND PROSTHETIC ASSOCIATES, INC.	

Principal Place of Business 5375 N. DIXIE HIGHWAY FT. LAUDERDALE, FL 33334	Mailing Address 5375 N. DIXIE HIGHWAY FT. LAUDERDALE, FL 33334
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DO NOT WRITE IN THIS SPACE



03262004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0039819	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

**NEWBERRY, JAMES G JR
5375 N. DIXIE HIGHWAY
FT. LAUDERDALE, FL 33334**

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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 _____
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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE PD	NAME NEWBERRY, JAMES G JR
STREET ADDRESS 5375 N. DIXIE HIGHWAY	
CITY-ST-ZIP FT. LAUDERDALE, FL 33334	
TITLE VD	NAME EDWARDS, DAVID W
STREET ADDRESS 5375 N. DIXIE HIGHWAY	
CITY-ST-ZIP FT. LAUDERDALE, FL 33334	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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04/05/04-80037-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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:  **3/30/04 954-772-1299**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #