

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90082 035 \*\*\*150.00

<b>DOCUMENT # K16230</b> 1. Entity Name <b>SUNCOAST ORTHOTIC AND PROSTHETIC ASSOCIATES, INC.</b>					
Principal Place of Business <b>5375 N. DIXIE HIGHWAY FT. LAUDERDALE, FL 33334</b>				Mailing Address <b>5375 N. DIXIE HIGHWAY FT. LAUDERDALE, FL 33334</b>	
2. Principal Place of Business <b>4050 N.E. 5th Avenue Suite, Apt. #, etc. Suite A</b>		3. Mailing Address <b>4050 N.E. 5th Avenue Suite, Apt. #, etc. Suite A</b>			
City & State <b>Oakland Park, FL</b>		City & State <b>Oakland Park, FL</b>		4. FEI Number <b>65-0039819</b>	
Zip <b>33334</b>		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>NEWBERRY, JAMES G JR 5375 N. DIXIE HIGHWAY FT. LAUDERDALE, FL 33334</b>				7. Name and Address of New Registered Agent Name <b>NEWBERRY, JAMES G JR</b> Street Address (P.O. Box Number is Not Acceptable) <b>4050 NE 5th Avenue Suite A</b> City <b>Oakland Park, FL</b> Zip Code <b>33334</b>	
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 <u><i>James G Newberry</i></u> <span style="float: right;">5/1/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEWBERRY, JAMES G JR 5375 N. DIXIE HIGHWAY FT. LAUDERDALE, FL 33334	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EDWARDS, DAVID W 5375 N. DIXIE HIGHWAY FT. LAUDERDALE, FL 33334	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u><i>James G Newberry</i></u> <span style="float: right;">5/1/05</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					