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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K55715

1. Corporation Name

| Principal Place of Business Mailing Address | PETERSI | EN ORTHOTICS AND PROS | THETICS, INC. | | | | | | |
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| 1218 COURT STREET 1218 | Principal Place | e of Business | Mailing Address | | | t imulibit unt atset mitte inest | 11 0 01 0111 01011 01011 | 61811 B1811 1 | |
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| US US US US 3. Date Incorporated or Qualified 12/31/1988 2. Principal Place of Business 2a. Mailing Address 25 | | | | | | | | | |
| 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2924319 Not Applicable Sulte, Apt. #, etc. Sulte, Apt. #, etc. 59-2924319 State 59-2924319 Not Applicable Sulte, Apt. #, etc. Sulte, Apt. #, etc. 50. Certificate of Status Desired \$8.75 Additional Fee Required Fee Required | | FL 33756 | | | | | | PACE | |
| 2. Principal Place of Business | US | | US | | | | d | | } |
| Suite, Apt. #, etc. | | | | | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Status Desired \$8.75 Additional Fee Required | 2. Principal P | lace of Business , | 2a. Mailing Address | • | | | | A | plied For |
| 27 S. Certificate of Status Desired Fee Required | 21 | | | | • | 59-2924319 | | | |
| City & State | Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | Certificate of Status Desired | П | | |
| Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country Street Address of Current Registered Agent Street Address of New Registered Agent Personal Property Tax. Yes Street Address of New Registered Agent Street Address of New Registered Street Add | 22 | · | 27 | | · <u>.</u> | 3. Corandato di Ciara | . <u> </u> | Fee Re | equired |
| Zip Country Zip Country Zip Country Zip Country S. This corporation owes the current year Intangible Personal Property Tax. Yes Since Yes Yes Since Yes Since Yes Yes Since Yes Yes Since Yes Yes Since Yes | City & Stat | te | City & State | | | 6. Election Campaign Financing | } □ | - | , , |
| 24 | 23 | | 28 | | | Trust Fund Contribution | | Added | to Fees |
| 9. Name and Address of Current Registered Agent PETERSEN, DONNA J. 1875 ELMHURST DRIVE CLEARWATER FL 94625 33765 82 Street Address (P.O. Box Number is Not Acceptable) 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 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, and familiar with, and accept the obligations of, Section'607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D D DELETE 1.1 TITLE Change Addition PETERSEN, DALE E. 1875 ELMHURST DR CLEARWATER FL 33765 1.4 CITY-ST-ZIP TITLE D D DELETE 1.4 CITY-ST-ZIP TITLE D Change Addition Change Addition Addition PETERSEN, DONNA J. | Zip | Country | Zip | | y | 8. This corporation owes the cu | | _ | _ |
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| PETERSEN, DONNA J. 1875 ELMHURST DRIVE CLEARWATER FL 94625 33765 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City 85 Zip Code 86 City 87 City 88 | | 9. Name and Address of Curren | t Registered Agent | | | 10. Name and Address of New | Registered Ag | gent | |
| 1875 ELMHURST DRIVE CLEARWATER FL 94625 33 76 Street Address (P.O. Box Number is Not Acceptable) 83 | DETE | FOOTH PONNIA I | | 81 | Name | | • | | |
| CLEARWATER FL 94625 84 City 85 Zip Code 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 of 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 title if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D DELETE 1.1 TITLE PETERSEN, DALE E. STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33765 1.4 CITY-ST-ZIP TITLE D Change Addition Change Addition Change Addition Change Addition Change Addition | | | * - | 82 | Street Add | fress (P.O. Box Number is Not Accep | otable) | ······································ | |
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the examption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: 2