

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 23, 2002 8:00 am**  
**Secretary of State**

06-23-2002 90505 013 \*\*\*\*50.00

DOCUMENT # L00000000461 (2)  
1. Entity Name  
ABC Prosthetics & Orthotics at The Villages, LLC

**DO NOT WRITE IN THIS SPACE**

969238

2. Principal Place of Business <u>1400 US Hwy 441 No.</u> Suite, Apt. #, etc. <u>Suite 930</u> City & State <u>THE VILLAGES, FL.</u> Zip <u>32159</u> Country	3. Mailing Address <u>1719 S. Division Ave.</u> Suite, Apt. #, etc. <u>Suite B</u> City & State <u>ORLANDO, FL.</u> Zip <u>32805</u> Country
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4. FEI Number <u>59-3617770</u>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <u>ROY STEVEN M. ESQ</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>1100 MAIN ST.</u>	
City <u>THE VILLAGES</u>	FL Zip Code <u>32159</u>

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>MGR.</u> <u>UPTON, TERRY R.</u> <u>1400 U.S. Hwy 441 No</u> <u>THE VILLAGES, FL. 32159</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>MGR</u> <u>SAUNDERS, JAY</u> <u>1131 S. ORANGE AVE</u> <u>ORLANDO, FL. 32806</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature] 6/17/02 407-649-1878  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/01)