2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 01, 2000 8:00 am Secretary of State DOCUMENT # L40137 1. Entity Name MARTIN ORTHOTIC PROSTHETIC SERVICES, INC. 02-01-2000 90120 048 ***150.00 Principal Place of Business Mailing Address 250 SOUTH TAMIAMI TRAIL SUITE 102 250 SOUTH TAMIAMI TRAIL SUITE 102 VENICE FL 34285-2421 VENICE FL 34285 AUU15453 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0164559 Not -:....... Country Zip Country \$8.75 Additional 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name REEGLER, SARI L. Street Address (P.O. Box Number is Not Acceptable) REEGLER & TORNESE, P.A. 1521 SOUTH TAMIAMI TRAIL, SUITE 304 VENICE FL 34292 Zip Code 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 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. _ · · · · · TITLE □ Delete TITLE MARTIN, JOHN G. NAME NAME 250 S. TAMIAMI TR. S-102 STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP VENICE FL 34285 ☐ Change Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP The same of Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP A statistical ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

TE TE SHIPS

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-00 9414844

Daytime Phone #