	DLVED, MINIMUM AMOUNT DUE	UGUST 7, 1996. To reinstate: \$375.)			
PROFIT CORPORATION	FLORIDA DEPART Sandra B	MENT OF STATE Mortham			
ANNUAL REPORT	Secretary DIVISION OF CO				
OCUMENT # L91590) (4)				
DANFORTH ORTHOPEDIC BRACE	& LIMB, INC.		I INGILALI DEN JOHN NAM ALIA INI	:) (01) (0)() (0)()() (1)() (0)()()()()()()()()()()()()()()()()(
ncipal Place of Business	Mailing Address				
.0. BOX 1150 P.O. BOX 1150					
INTER PARK FL 32790	WINTER PARK FL 32790		3. Date incorporated or Quality 08/02/1990	ed 3a. Date of Last Report 05/01/1995	
Principal Place of Busiriess	2a. Mailing Address		4. FEI Number	Applied For	
	26 Suite, Apt. #, etc.		59-3020854	Not Applicable \$8.75 Additional	
Suite, Apt #, etc	27		5. Certificate of Status Desired	Fee Required	
City & State	City & State		 Election Campaign Financia Trust Fund Contribution 	g \$5.00 May Be Added to Fees	
Zip Country	28 Zip	Country	8. This corporation has liability	for intangible tax under s 199 032.	
25 9. Name and Address of Curre	29 of Beolstered Agent	30	Florida Statutes 10. Name and Address of New		
		81 Name			
DANFORTH, MICHAEL B. 1100 SOUTH ORLANDO AVENUE		82 Street Add	Iress (P.O. Box Number is Not Acce	ptable)	
WINTER PARK FL 32789		63			
		84 City		85 Zip Code	
Pursuant to the provisions of Sections 607.05			the state of the state and the state of the	FL C Lip cous	
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			and when reinstating)	DATE	
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