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FILED

May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L91590** (4)

1. Corporation Name

**DANFORTH ORTHOPEDIC BRACE & LIMB, INC.**

**DANFORTH ORTHOTIC PROSTHETIC LABORATORIES, INC.**

Principal Place of Business

**P.O. BOX 1150  
WINTER PARK FL 32790**

Mailing Address

**P.O. BOX 1150  
WINTER PARK FL 32790-1150**

2. Principal Place of Business

**21 755 Clay Street**  
Suite, Apt. #, etc.

**22**  
City & State

**23 Winter Park, FL**

Zip Country

**24 32790 25 Orange**

2a. Mailing Address

**26 P. O. Box 3415**  
Suite, Apt. #, etc.

**27**  
City & State

**28 Winter Park, FL**

Zip Country

**29 32790 30 Orange**

9. Name and Address of Current Registered Agent

**DANFORTH, MICHAEL B.  
1100 SOUTH ORLANDO AVENUE  
WINTER PARK FL 32789**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)  
**755 Clay Street**

**83**

**84** City  
**Winter Park, FL**

**85** Zip Code  
**FL 32790**

3. Date Incorporated or Qualified

**08/02/1990**

3a. Date of Last Report

**06/13/1996**

4. FEI Number

**59-3020854**

Applied for

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

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 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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE  
TITLE  
NAME **D**  
**DANFORTH, MICHAEL B.**  
STREET ADDRESS  
**1100 SOUTH ORLANDO AVE.**  
CITY-ST-ZIP  
**WINTER PARK FL**

☐ DELETE  
TITLE  
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CITY-ST-ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

**755 Clay Street**

**Winter Park, FL 32790**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do 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 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 on an attachment with an address.

SIGNATURE:

*[Signature]*

CR2E034 (9/96)