

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 10:14

DOCUMENT # M80518 (7)

1. Corporation Name

PROSTHETIC ARTS LABORATORY, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
3101 NORTH FEDERAL HIGHWAY
SUITE 301 Suite 501
FORT LAUDERDALE FL 33306
US

Mailing Address
3101 NORTH FEDERAL HIGHWAY
SUITE 301 Suite 501
FORT LAUDERDALE FL 33306
US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22 Suite 501
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27 Suite 501
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified
05/05/1988

3a. Date of Last Report
01/21/1994

4. FEI Number
65-0053610

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

9. Name and Address of Current Registered Agent
• STONE, JOHN C.
3101 NORTH FEDERAL HIGHWAY
SUITE 301 Suite 501
FT LAUDERDALE FL 33306

10. Name and Address of New Registered Agent
81 Name STONE, JOHN C.
82 Street Address (P.O. Box Number is Not Acceptable)
83 Suite 501
84 City
FL 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 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 date if applicable.

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	STONE, JOHN C., D.D.S.
STREET ADDRESS	3101 NORTH FEDERAL HIGHWAY, SUITE 301
CITY - ST - ZIP	FT. LAUDERDALE FL 33306
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	3101 NORTH FEDERAL HIGHWAY, SUITE 301
1.4 CITY - ST - ZIP	PORT LAUDERDALE, FL. 33306
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: John C. Stone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 3-25-95
Filing Fee \$