

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000008551

1. Entity Name
**ORTHOTIC AND PROSTHETIC ASSOCIATION FOR
GRANDFATHERING RESOLUTION, INC.**



Principal Place of Business
**4475 NORTH STATE ROAD 7
LAUDERDALE LAKES, FL 33319**

Mailing Address
**4475 NORTH STATE ROAD 7
LAUDERDALE LAKES, FL 33319**



01052004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0601989

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BALLINGER, STEVEN R ESQ.
888 SOUTH ANDREWS AVE.
SUITE 205
FORT LAUDERDALE, FL 33316**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
GARCIA, DAVID
4475 NORTH STATE ROAD 7
LAUDERDALE LAKES, FL 33319**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
SPIERS, RONALD
1382 US HIGHWAY 1
SEBASTIAN, FL 32958**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
CARRANZA, ROSARIO V
4620 N.W. 7TH STREET
MIAMI, FL 33128**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000169557
08/09/04-80001-017 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David Garcia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/04 930 085 06 55

Date Daytime Phone #