


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90081 040 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N28027</b>					
1. Corporation Name <b>UNITED AMPUTEE SERVICES ASSOCIATION, INC.</b>					
Principal Place of Business 1025 S. SEMORAN BLVD. STE 130 WINTER PARK FL 32793			Mailing Address P.O. BOX 4277 WINTER PARK FL 32793-4277		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2431 Aloma Avenue		26		08/24/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Suite 160		27		65-0082745	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23 Winter Park, Florida		28		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24 32793 25 USA		29 30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PRICE, VIRGIL 2456 CAROLTON ROAD MAITLAND FL 32751				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				Orlando, Florida FL			
				85 Zip Code			
				32810			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Beverly A. Corbitt Beverly A. Corbitt, President Feb 12, 1999  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRICE, VIRGIL			1.2 NAME	Corbitt, Beverly A.		
STREET ADDRESS	2456 CAROLTON RD			1.3 STREET ADDRESS	1737 Baltimore Drive		
CITY-ST-ZIP	MAITLAND FL			1.4 CITY-ST-ZIP	Orlando, Florida 32810		
TITLE	TD	<input type="checkbox"/> DELETE		2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OATES, BRUCE			2.2 NAME	Sutton, Joshua		
STREET ADDRESS	1719 HOLLIS DR			2.3 STREET ADDRESS	729 Ibsen Avenue		
CITY-ST-ZIP	ORLANDO FL			2.4 CITY-ST-ZIP	Orlando, Florida 32809		
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUNTER, RITA			3.2 NAME	O'Barr, Gayle		
STREET ADDRESS	1351 SEAGRAPE CIR			3.3 STREET ADDRESS	520 East Campus Circle		
CITY-ST-ZIP	FT LAUDERDALE FL			3.4 CITY-ST-ZIP	Fort Lauderdale, Florida 33312		
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'BARR			4.2 NAME	Botta, Gus		
STREET ADDRESS	520 EAST CAMPUS CIR			4.3 STREET ADDRESS	1861 N.E. 65th Court		
CITY-ST-ZIP	FT LAUDERDALE FL			4.4 CITY-ST-ZIP	Fort Lauderdale, Florida 33308		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Beverly A. Corbitt BEVERLY A. Corbitt, President 407-678-2920  
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #)

CR2E037 (11/98)