8/8/01-90005-049-$550.00-$550.00

2001 UNIFORM BUSINESS REPORT (UBR

DOCUMENT # P00000049146

1. Entity Name
BENDED KNEE CORPORATION

FILED
A00804809 OCT 22 PM 5:46
SECRETARY OF STATE
[redacted] E, FLORIDA

Principal Place of Business	Mailing Address
269 16TH STREET NORTH ST PETERSBURG FL 33705	269 16TH STREET NORTH ST PETERSBURG FL 33705

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: Applied for. ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROHRER, MICHAEL 269 16TH STREET NORTH ST PETERSBURG FL 33705	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

SIGNATURE ____________ (signature)
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐	FILE NOW!!! FEE IS $150.00 After MAY 1, 2001 Fee will be $550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Michael Rohrer 13532 Binglewood Ave N. Seminole Fl 33705	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Cheryl Rohrer 13532 Binglewood Ave N. Seminole Fl 33705	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

13. 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: (signature) Michael Rohrer 7/30/01 (727) 823-7769
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

TS

ROHRER PROSTHETICS & ORTHOTICS INC.

269 16TH STREET NORTH
ST PETERSBURG, FL 33705
USA

Phone 727-823-7769
Fax 727-395-0011

OCTOBER 15, 2001

DIVISIONS OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

DEAR DIVISON OF CORPORATIONS:

PLEASE BE ADVISED THAT WE HAVE FILED OUR ANNUAL CORPORATE REPORT TWO TIMES DURING THE PAST YEAR. THE FIRST TIME WAS 7/30/01 AND THE SECOND WAS 8/10/01.

PLEASE FIND ENCLOSED A COPY OF THE AUGUST 10TH FILING, WHICH INCLUDES DIRECTORS AND OFFICERS TITLE, NAME, STREET ADDRESS, CITY, STATE, AND ZIP CODE AS REQUESTED.

A CHECK FOR $550.00 WAS MAILED ALONG WITH THIS RE-FILLING. ACCORDING TO YOUR OFFICE, THE CHECK WAS RECEIVED.

PLEASE CHECK YOUR RECORDS AND RECONSIDER THE NOTICE OF ADMINISTRATIVE DISSOLUTION.

SINCERELY,

MICHAEL A. ROHRER, CP