

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90057 037 ***158.75

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1. Entity Name

EASTERN SHORES ORTHOPEDIC BRACE, INC.



Principal Place of Business Mailing Address
96 HEATHER POINT COURT **96 HEATHER POINT COURT**
NEW SMYRNA BEACH FL 32169 **NEW SMYRNA BEACH FL 32169**

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 **59-3655759**

Applied For
Not Applicable

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

24050914



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

MCDAD, MARY M
96 HEATHER POINT COURT
NEW SMYRNA BEACH FL 32169

7. Name and Address of New Registered Agent

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. 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MCDAD, MARY M**
STREET ADDRESS **96 HEATHER POINT COURT**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

TITLE **V** ☐ Delete
NAME **MCDAD, ABBIE J**
STREET ADDRESS **96 HEATHER POINT COURT**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

TITLE **ST** ☐ Delete
NAME **MCDAD, ROBERT E**
STREET ADDRESS **96 HEATHER POINT COURT**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-04

Date

386-257-6660

Daytime Phone #