

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 02, 2002 8:00 am
Secretary of State

06-02-2002 90905 042 ***150.00

DOCUMENT # *P00.0000 88650*

1. Entity Name

ABC Prosthetics & Orthotics of Kissimmee, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

907B N. CENTRAL AVE.

3. Mailing Address

1719 S. Division Ave.

Suite, Apt. #, etc.

SUITE B

Suite, Apt. #, etc.

Suite B

City & State

KISSIMMEE, FL.

City & State

Orlando, FL 32805

4. FEI Number

59-3670517

Applied For

☐ Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

Country

34741

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Liebman, John B.

Street Address (P.O. Box Number is Not Acceptable)

200 E. Robinson St.

Suite 865

City *Orlando*

FL

Zip *32801*

**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**January 1 - May 1 Fee is \$160.00
After May 1 Fee is \$550.00
Amended UBR is \$6125
(Make Check Payable to Department of State)**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. **PSD** OFFICERS AND DIRECTORS

TITLE	
NAME	<i>Saunders, Scott L.</i>
STREET ADDRESS	<i>6709 Spring Rain</i>
CITY - ST - ZIP	<i>Orlando, FL. 32819</i>
TITLE	<i>V</i>
NAME	<i>Dixon, Doris O</i>
STREET ADDRESS	<i>3404 Tennessee Terrace</i>
CITY - ST - ZIP	<i>Orlando, FL 32806</i>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

John B. Liebman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V/Pres.

05/27/02 407-649-1878

Date

Daytime Phone #

CR2E034B (12/01)