FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2002 8:00 am
Secretary of State
06-02-2002 90905 047 ***150.00

DOCUMENT # P00000108157

1. Entity Name
Orthotics & Prosthetics Fabrication, Inc.

674454

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
425 W. Columbia St.	1719 S. Division Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite B
City & State Orlando, FL	City & State Orlando, FL 32805
Zip 32806 Country	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3678892 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

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

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 reinstating) 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 $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Saunders, Scott L. 6709 Spring Rain Orlando, FL. 32819
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Dixon, Doris O 3404 Tennessee Terrace Orlando, FL 32806
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Saunders, J L 9050 Classic Court Orlando, FL 32819
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Saunders, Jan A 6169 Masters Blvd. Orlando, FL 32819
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ V/Pres. 05/27/02 407-649-1878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #