## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P00000108157

6169 MASTERS BLVD

ORLANDO, FL 32819

Address:

City-St-Zip:

Entity Name: ORTHOTICS & PROSTHETICS FABRICATION, INC.

FILED Apr 27, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
	_UMBIA STR , FL 32806	EET US					
Current Mailing Address:				New Mailing Address:			
1719 S DIV SUITE B ORLANDO	ISION AVE						
FEI Number:		FEI Number Applied For ( )	FEI Nur	nber Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
LIEBMAN, JOHN B 200 EAST ROBINSON STREET SUITE 865 ORLANDO, FL 32801 US				SAUNDERS, J L 9050 CLASSIC COURT ORLANDO, FL 32819 US			
The above in the State	named entity of Florida.	submits this statement for the p	ourpose o	f changing it	ts registered o	ffice or registered agent, or both,	
SIGNATURE: J L SAUNDERS				04/27/2003			
	Electro	nic Signature of Registered Age	ent			Date	
	npaign Financir S AND DIREC	ng Trust Fund Contribution(). CTORS:		ADDITION	S/CHANGES	TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ( SAUNDERS, S 6709 SPRING ORLANDO, FL	RAIN		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DIXON, DORI	SEE TERRACE		Title: Name: Address: City-St-Zip:	VP (X) SAUNDERS, J I 9050 CLASSIC ORLANDO, FL	COURT	
Title: Name: Address: City-St-Zip:	STD (2 SAUNDERS, 2 9050 CLASSIO ORLANDO, FL	COURT		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name:	VD ( SAUNDERS.	) Delete AN A		Title: Name:	( )	Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: J L SAUNDERS VP 04/27/2003