2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #	P0100004519
DOCUMENT #	P010000451



May 05, 2003 8:00 am Secretary of State 05-05-2003 91147 031 ***150.00

NAPLES	PROSTH	ETICS & ORTHOTIC	CS, INC). /									
Principal Place of Business 9590 VICTORIA LANE. #305 NAPLES FL 34109			Mailing Address 9590 VICTORIA LANE, #305 NAPLES FL 34109				-	· E					
2. Principal P	Place of Busin	ness	3. Maili	ng Address									
4949	Tamiar	4949 Tamiami Trail North											
Suite, Apt. 10ろ	#, etc.	Suite, Apt. #, etc.					· CHECK HERE IF MAKING CHANGES.						
City & Stat	es, FL	City & State Nanles, FL				4. 1	4. FEI Number 65-1100790			Applied For Not Applicable			
Zip 3410	34103 USA			103	USA	5. Certificate of Status Desired Fee				75 Additional Required			
6. Name and Address of Current Registered Agent N						Name	7. Name and Address of New Registered Agent						
	FFREY-R-		 _			Street Address	DRA	D. REETS.				.]=	
868 106TH AVE N. NAPLES FL 34108						9590	oddress (P.O. Box Number is Not Acceptable) 90 VICTORIA LANE #305						
						City NAP			FL	zig Corp			
8. The above	named entity tions of regist	y submits this statement for lered agent.	the purpo	se of changing its	register	ed office or regist	ered ag	ent, or both, in the State of Florida			and accept		
SIGNATURE	<u>5a</u>	or printed name of registered agent ar	nd title if applic	cable. (NOT	E: Registere	d Agent signature requir	red when re		25 · O.	<u>3</u>		١	
Afte	r May 1, 200	PEE IS \$150.00 DIS Fee will be \$550.00 OF Florida Department of	State					Election Campaign Financ Trust Fund Contribution.	cing		0 May Be I to Fees		
10.		OFFICERS AND D	DIRECTOR	S	11.		AD	DITIONS/CHANGES TO OFFICE	RS AND D	RECTORS	3 IN-11	_ [
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REETS, JO 9590 VICT NAPLES F	toria lane, #305		☐ Delete						_ Change	Addition .	20/07/10/02	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete						_ Change	Addition	Icas	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLI NAM STRE		•	,		Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete] Change	Addition	<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·	☐ Delete						Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST-7IP				☐ Delete		1	_			_ Change	☐ Addition]	

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:

90126970

ATTACHMENT P01000645199

DEAR SIR OR MADAM
I had originally mailed this

OUT on 4/25/03, and it was

returned to me with no explanation. I don't know if it

was stuck on another piece of

mail or what.

Thank you for your

understanding!

Sincerely, Sandra