

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000053660

FILED  
Apr 14, 2003  
Secretary of State

Entity Name: AMPUTEE BRACE CLINIC, INC.

## Current Principal Place of Business:

21369 SW 92ND AVENUE  
MIAMI, FL 33189

## New Principal Place of Business:

868 N. KROME AVE  
HOMESTEAD, FL 33030 US

## Current Mailing Address:

21369 SW 92ND AVENUE  
MIAMI, FL 33189

## New Mailing Address:

21369 SW 92ND AVENUE  
MIAMI, FL 33189 US

FEI Number: 65-1117224

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

METSCH, BENJAMIN R  
1455 NW 14TH STREET  
MIAMI, FL 33125 US

## Name and Address of New Registered Agent:

ALVAREZ, PATRICIA A  
21369 SW 92ND AVENUE  
MIAMI, FL 33189 US

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: PATRICIA ALVAREZ

04/14/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete  
Name: ALVAREZ, PATRICIA  
Address: 21369 SW 92ND AVENUE  
City-St-Zip: MIAMI, FL 33189

Title: D ( ) Delete  
Name: ALVAREZ, PATRICIA  
Address: 21369 SW 92ND AVENUE  
City-St-Zip: MIAMI, FL 33189

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: PATRICIA ALVAREZ

PRES

04/14/2003

Electronic Signature of Signing Officer or Director

Date