

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2004 8:00 am
Secretary of State

06-01-2004 90003 016 ***150.00

54055985



DOCUMENT # P01000053952 1. Entity Name ORTHOTICS FOR LIFE, INC.			
Principal Place of Business 1900 BOOTH CIRCLE, #100 LONGWOOD, FL 32750		Mailing Address P.O. BOX 952078 LAKE MARY, FL 32795 US	
2. Principal Place of Business 401 Commerce Way Suite, Apt. #, etc. Suite 109		3. Mailing Address Suite, Apt. #, etc. 	
City & State Longwood FL		City & State 	
Zip 32750	Country USA	Zip 	Country
4. FEI Number 59-3729153		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOGG, SHERI A 1900 BOOTH CIRCLE, #100 LONGWOOD, FL 32750		7. Name and Address of New Registered Agent Name Fogg Sheri A Street Address (P.O. Box Number is Not Acceptable) 401 Commerce Way Suite 109 City Longwood FL Zip Code 32750	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 5-26-04 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOGG, SHERI A 249 SHEPPARD STREET ALTAMONTE SPRINGS, FL 32701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST MCMILLEN, JAMES M 954 LONGWOOD CLUB PLACE LONGWOOD, FL 32750 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 5-26-04 Daytime Phone # 407-767-0010	

Attachment

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#P01000053952

Orthotics For Life, Inc.
401 Commerce Way, Suite 109
Longwood, FL 32750
Tel: 407-767-0010
Fax: 407-339-2665

May 26, 2004

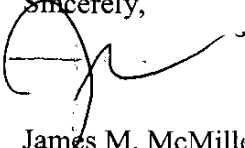
Florida Department of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

RE: Orthotics For Life, Inc.
FEI 59-3729153

We are submitting this letter to you to request leniency on our late filing. Our owner, Mrs. Sheri Fogg, is in charge of all check writing and billing. She left on maternity leave in the middle of April. When she turned over the accounts payable, we were not aware of the 2004 For Profit Corporation Annual Report. Her replacement discovered the form yesterday and brought it to our attention.

We are enclosing a check for the original filing fee \$150 in hopes that you will be understanding of our inadvertent oversight. Thank you for your consideration.

Sincerely,



James M. McMillen
Vice-President

Enclosures