

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000058881

FILED
Apr 27, 2003
Secretary of State

Entity Name: ABC PROSTHETICS & ORTHOTICS OF OCOEE, INC.

Current Principal Place of Business:

10131 W. COLONIAL DR
UNIT #1
OCOEE, FL 34761

New Principal Place of Business:

Current Mailing Address:

1719 S. DIVISION AVE
STE B
ORLANDO, FL 32805

New Mailing Address:

FEI Number: 59-3737479

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIEBMAN, JOHN B
200 E. ROBINSON ST
STE 865
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

SAUNDERS, J L
9050 CLASSIC COURT
ORLANDO, FL 32819 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: J L SAUNDERS

04/27/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: SAUNDERS, SCOTT L
Address: 6709 SPRING RAIN
City-St-Zip: ORLANDO, FL 32819

Title: VD (X) Delete
Name: DIXON, DORIS O
Address: 3404 TENNESSEE TERRACE
City-St-Zip: ORLANDO, FL 32806

Title: DST () Delete
Name: SAUNDERS, J.L.
Address: 9050 CLASSIC CT
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change () Addition
Name: SAUNDERS, J.L.
Address: 9050 CLASSIC CT
City-St-Zip: ORLANDO, FL 32819

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: J L SAUNDERS

VP

04/27/2003

Electronic Signature of Signing Officer or Director

Date