

FILED

Apr 29, 2008 08:00 AM
Secretary of State2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000065481 1. Entity Name POPPS PROSTHETIC ORTHOTIC CORP.			
Principal Place of Business 1509 PROSPERITY FARMS ROAD LAKE PARK, FL 33403		Mailing Address 1509 PROSPERITY FARMS ROAD LAKE PARK, FL 33403	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent JESTEADT, RICHARD M 1509 PROSPERITY FARMS ROAD LAKE PARK, FL 33403		DO NOT WRITE IN THIS SPACE	
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, and accepts the obligations of registered agent. 05/22/08-80021-023 150.00			
SIGNATURE _____ DATE _____ Signature typewritten or in ink of registered agent and file if applicable (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2009 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	DP JESTEADT, RICHARD M	1509 PROSPERITY FARMS ROAD	LAKE PARK, FL 33403
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Richard Jesteadt</i>		4-20-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	