

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000074460

FILED
Sep 08, 2004
Secretary of State

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

Current Principal Place of Business:

235 CITRUS TOWER BLVD. STE 108
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

1719 S. DIVISION AVE STE B
ORLANDO, FL 32805

New Mailing Address:

1815 S. DIVISION AVE
ORLANDO, FL 32805

FEI Number: 59-3737480

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: VP () Delete
Name: SAUNDERS, J L
Address: 9050 CLASSIC COURT
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:

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: JL SAUNDERS

V

09/08/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date