

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000093125

FILED
Feb 05, 2005
Secretary of State

Entity Name: MANATEE PROSTHETICS AND ORTHOTICS, INC.

Current Principal Place of Business:

4647 MANATEE AVE. W
SUITE 300
BRADENTON, FL 34209

New Principal Place of Business:

Current Mailing Address:

4647 MANATEE AVE. W
SUITE 300
BRADENTON, FL 34209

New Mailing Address:

FEI Number: 59-3744784 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JOHN, NYITRAY
465 PINELLAS BAYWAY S #106
TIERRA VERDE, FL 33715 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: D () Delete
Name: HAGMAN, JOHN D
Address: 832 2ND AVE S
City-St-Zip: TIERRA VERDE, FL 33715

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HAGMAN, JOHN D
Address: 1156 2ND AVE S
City-St-Zip: TIERRA VERDE, FL 33715

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: JOHN NYITRAY

RA

02/05/2005

Electronic Signature of Signing Officer or Director

_____ Date