

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000111313

FILED
Jan 21, 2003
Secretary of State

Entity Name: GLOBAL PROSTHETIC SERVICES, INC.

Current Principal Place of Business:

3501 PARKWAY CENTER COURT
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

3501 PARKWAY CENTER COURT
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 82-0572318 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CRAMER, CHARLES W
1411 EDGEWATER DRIVE
SUITE 100
ORLANDO, FL 32804

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: PERRICONE, GAIL J
Address: 3501 PARKWAY CENTER COURT
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: BAILEY, MONA D
Address: 3501 PARKWAY CENTER COURT
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: BAILEY, ASH
Address: 3501 PARKWAY CENTER COURT
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: GAIL J PERRICONE

_____ Electronic Signature of Signing Officer or Director

DIR

01/21/2003

_____ Date