

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000004240

FILED
Apr 30, 2004
Secretary of State

Entity Name: ATLAS ORTHOTICS, PROSTHETICS & PODIATRY, P.A.

Current Principal Place of Business:

2294 COUNTY RD 526 E
SUMTERVILLE, FL 33585

New Principal Place of Business:

Current Mailing Address:

2294 COUNTY RD 526 E
SUMTERVILLE, FL 33585

New Mailing Address:

FEI Number: 51-0452216

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZIMMERMANN, ETHEL
26734 CASH CT
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

HELM, KARYNN
9363 SE 12TH DRIVE
WEBSTER, FL 33597 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: KARYNN HELM

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ZIMMERMANN, ERIK O DPM
Address: 2294 COUNTY RD 526 E STE 1
City-St-Zip: SUMTERVILLE, FL 33585

Title: D () Delete
Name: HELM, DWAYNE
Address: 2294 COUNTY RD 526 E STE 1
City-St-Zip: SUMTERVILLE, FL 33585

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ZIMMERMANN, ERIK O DPM
Address: 9363 SE 12TH DRIVE
City-St-Zip: WEBSTER, FL 33597

Title: D (X) Change () Addition
Name: HELM, DWAYNE
Address: 9363 SE 12TH DRIVE
City-St-Zip: WEBSTER, FL 33597

Title: T () Change (X) Addition
Name: HELM, KARYNN E
Address: 9363 SE 12TH DRIVE
City-St-Zip: WEBSTER, FL 33597

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: KARYNN HELM

T

04/30/2004

Electronic Signature of Signing Officer or Director

Date