2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000052121

CITY-ST-ZIP

Entity Name ORPRO PROSTHETICS ANI		
rincipal Place of Business	Mailing Address	



03-27-2003 90067 031 ***150.00

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Principal Place of Business 4313 NORTHLAKE BLVD 4313 NORTHLAKE BLVD PALM BEACH FL 33410 US Mailing Address 4313 NORTHLAKE BLVD PALM BEACH FL 33410 US			-								
2. Principal Place of Business 355 HIATT Daise 3. Mailing Address 355 HIATT Daise			Kije				IIII Oolii aliib i				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & Sta	ite // .	GALDENS FR	Sity & State	• • •	3 <i>-</i> 1 /	er l	4. FEI Numbe	65-0425536	3	— — —	oplied For ot Applicable
Zip 33.	48	Pac Beac	Zip 334.8	Coun	2 c- B	ence	5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name	and Address of Current F	Registered Agent				7. Name and	Address of New	Registered	Agent	
	RTH LAKE B	LVD ENS FL 33410		:	Street Ad		O. Box Numbe	is Not Acceptab	le)	A Zio Cod	
the obliga	itions of regist	y submits this statement for ered agent. ,	the purpose of chang	jing its registere	d office or r	مه کار egistered		n, in the State of F	lorida. I am	Zip Cod J 3 4 familiar with,	18
SIGNATURE		or printed name of registered agent a	nd title if applicable.	(NOTE: Registered	d Agent signature	e required wi	hen reinstating)		DATE		
Afte	r May 1, 200	PEE IS \$150.00 The State of the State of State o	State		_			ction Campaign F st Fund Contributi			May Be I to Fees
10.		OFFICERS AND I	DIRECTORS	11.			ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4241 NOR	, RICHARD L TH LAKE BLVD., STES (CH GARDENS FL 33410		NAME Strei	. 1	355 Pa 0	F HIAT	- DRIVE	Sie	Change A 33+1	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		JOHN TH LAKE BLVD., STES (CH GARDENS FL 33410		NAM8 STREE				T DRIVE		Diange	Addition
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TITLE NAME STREET ADDRESS			□ Delete	NAME			· · · · ·			☐ Change	Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

CITY-ST-ZIP

SIGNATURE: X