

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000061553

1. Entity Name  
PROSTHETIC CENTER OF PASCO, INC.



Principal Place of Business  
5950 HIGH STREET  
NEW PORT RICHEY, FL 34652

Mailing Address  
5950 HIGH STREET  
NEW PORT RICHEY, FL 34652



02112008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3199083

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

## 6. Name and Address of Current Registered Agent

MCCULLOUGH, PAUL D  
5950 HIGH STREET  
NEW PORT RICHEY, FL 34652

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCCULLOUGH, PAUL D
STREET ADDRESS	5950 HIGH STREET
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	D
NAME	MCCULLOUGH, SHARON
STREET ADDRESS	5950 HIGH STREET
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000849079  
03/21/08-80005-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: *Sharon McCullough*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

3-408 137-372-8746