

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90012 011 ***150.00

DOCUMENT # P94000067314

1. Entity Name

INSTITUTE FOR PROSTHETIC ADVANCEMENT, INC.

Principal Place of Business

Mailing Address

700 WEST 23RD STREET
 E-40
 PANAMA CITY FL 32405
 US

700 WEST 23RD STREET
 E-40 A
 PANAMA CITY FL 32405-3936
 US

2. Principal Place of Business

2315 RUTH HENTZ DR.
 Suite, Apt. #, etc.

3. Mailing Address

2315 RUTH HENTZ DR.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
PANAMA CITY FL

City & State
PANAMA CITY FL

4. FEI Number **59-3270040**

Applied For
 Not Applicable

Zip **32405** Country **USA**

Zip **32405** Country **USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARE, DIANE C
3003 S. HWY 77
SUITE A
LYNN HAVEN FL 32444

Name **JOHN C. FREDRICK**

Street Address (P.O. Box Number is Not Acceptable)
2315 RUTH HENTZ DR.

City **PANAMA CITY FL** Zip Code **32405**

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

SIGNATURE Signature, typed or printed name of registered agent and title, applicable.

JOHN C. FREDRICK

DATE

3-24-00

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME P FREDERICK, JOHN C.		NAME	
STREET ADDRESS 2885 TUPELO DR.		STREET ADDRESS	
CITY-ST-ZIP PANAMA CITY FL 32405		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN C. FREDRICK, PRES. **3-24-2000** **(850) 784-0320**

Date

Daytime Phone #

CR2E034 (9/99)