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Mar 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000088875 (7)

1. Corporation Name

INDEPENDENT ORTHOTICS, INC.

Principal Place of Business

Mailing Address

17317 BOYETTE ROAD
LITHIA FL 33547

17317 BOYETTE ROAD
LITHIA FL 33547

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/15/1994

4. FEI Number

59-3274841

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 12424 ELNORA DR

Suite, Apt. #, etc.

22

City & State

23 RIVERVIEW, FL

Zip

24 33569

Country

25 USA

2a. Mailing Address

26 12424 ELNORA DR

Suite, Apt. #, etc.

27

City & State

28 RIVERVIEW, FL

Zip

29 33569

Country

30 USA

9. Name and Address of Current Registered Agent

KINCAID, KAREN
17317 BOYETTE ROAD
LITHIA FL 33547

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 12424 ELNORA DR

84

City RIVERVIEW

FL

85 Zip Code 33569

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Karen Kincaid

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/26/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
KINCAID, KAREN
STREET ADDRESS 17317 BOYETTE ROAD
CITY-ST-ZIP LITHIA FL 33547

TITLE ☐ DELETE

NAME VP
CIFELLI, DARREN
STREET ADDRESS 17317 BOYETTE ROAD
CITY-ST-ZIP LITHIA FL 33547

TITLE ☐ DELETE

NAME STD
SZCZESNY, ROBERT A
STREET ADDRESS 17317 BOYETTE ROAD
CITY-ST-ZIP LITHIA FL 33547

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 12424 ELNORA DR

1.4 CITY-ST-ZIP RIVERVIEW, FL 33569

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME VPD

2.3 STREET ADDRESS 12424 ELNORA DR

2.4 CITY-ST-ZIP RIVERVIEW, FL 33569

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 12424 ELNORA DR

3.4 CITY-ST-ZIP RIVERVIEW, FL 33569

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Karen Kincaid Karen Kincaid 2/26/98 813 671-9773

CR2E034 (10/97)