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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400088875 (7)

INDEPENDENT ORTHOTICS, INC.

| City & State Country Coun |
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| LITHA FL 33547 LITHA FL 33547 LITHA FL 33547 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 1.1/15/1984 1.1/15/1984 1.1/15/1984 2. Principal Place of Business 2. Mailing Address 2. A FEI Number |
| LITHA FL 33547 LITHA FL 33547 LITHA FL 33547 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 1.1/15/1984 1.1/15/1984 1.1/15/1984 2. Principal Place of Business 2. Mailing Address 2. A FEI Number |
| 2. Principal Place of Business 21. JACA ELJORA DR. 26. JACA ELJORA DR. 30. Sulte, Apt. #, etc. 27. Sulte, Apt. #, etc. 27. Sulte, Apt. #, etc. 28. Sulte, Apt. #, etc. 39. City & State 28. City & State 29. Country 21. Zip 20. Sulte, Apt. #, etc. 21. Sulte, Apt. #, etc. 22. Sulte, Apt. #, etc. 23. Sulte, Apt. #, etc. 24. State 25. Sulte, Apt. #, etc. 26. Election Campaign Financing 35.00 May Be 28. This corporation owes or has paid the current year Intenglible 28. Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent KINCAID, KAREN 17317 BOYETTE ROAD LITHIA FL 33547 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. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Statutes and the statutes and the provision of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Statutes and the statutes and the provision of directors. I hereby accept the appointment as registered office or registered agent. Date of the purpose of changing its registered office or registered agent. Date of the purpose of changing its registered agent. Date of the appointment as registered agent. Date of the appointment as registered agent. Date of the appointment as register |
| 2. Principal Place of Business 2. Mailing Address 2. Light April 11/15/1994 2. Principal Place of Business 2. Light April 3. L |
| 2. Principal Place of Business 21. JAZA ELJORA DR. 22. JAZA ELJORA DR. 32. Suite, Apt. N. etc. 32. Suite, Apt. N. etc. 33. Suite, Apt. N. etc. 35. Certificate of Status Desired Status Desired Fee Required 33. R.VSENYKW, FL 28. State 24. Country Zip Country 27. Country 8. This corporation owes or has paid the current year Intendigble Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 17.317 BOYETTE ROAD LITHIA FL 33547 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 is registered agent. In an familiar upon of post-post-post-post-post-post-post-post- |
| Suite, Apt. W. etc. Suite, Ap |
| Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Size Size |
| City & State City & Country St. Do May Be Added to Fees Added to Fees Trust Fund Contribution Added to Fees Added to Fees Added to Fees Added to Fees Trust Fund Contribution Added to Fees Added to Fees Trust Fund Contribution Added to Fees Added to Fees Trust Fund Contribution Added to Fees Added to Fees Added to Fees Trust Fund Contribution Added to Fees Added to Fees Required Trust Fund Contribution Added to Fees Added to Fees Required Trust Fund Contribution Added to Fees Added to Fees Required Trust Fund Contribution Added to Fees Added to Fees Required Trust Fund Contribution Added to Fees Added to Fees Required Repeated |
| Trust Fund Contribution Added to Fees |
| 28 35.9 25 |
| Street Address of New Registered Agent 10, Name and Address of New Registered Agent |
| KINCAID, KAREN 17317 BOYETTE ROAD LITHIA FL 33547 82 Street Address (P.O. Box Number is Not Acceptable) 174 FL 35547 83 Street Address (P.O. Box Number is Not Acceptable) 174 FL 35547 175 City Riverieum FL 35 Zip Code 3735 Liquid Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD DELETE 1.1 TITLE STREET ADDRESS 17317 BOYETTE ROAD 1.3 STREET ADDRESS 17317 BOYETTE ROAD 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP REGISTER AND FLORES 1.4 CITY-ST-ZIP REGISTER. |
| 17317 BOYETTE ROAD LITHIA FL 33547 82 Street Address (P.O. Box Number is Not Acceptable) 183 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 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, and tamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature by the or printed name of registered agent and tilling applicable. NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD KINCAID, KAREN 1.2 NAME STREET ADDRESS 17317 BOYETTE ROAD 1.3 STREET ADDRESS 17317 BOYETTE ROAD 1.4 CITY-ST-ZIP LITHIA FL 33547 |
| LITHIA FL 33547 83 84 City Rivarium FL 85 Zip Code 33549 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 agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE Signature typed or printed name of registered agent and tilling applicable (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD KINCAID, KAREN 1.2 NAME STREET ADDRESS 17317 BOYETTE ROAD 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP LITHIA FL 33547 |
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| Signature typhd or printed harms of registered agent and filler II applicative (NOTE Registered Agent eignature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD LITHIE II Lehange Addition Addition II and |
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| NAME KINCAID, KAREN STREET ADDRESS 17317 BOYETTE ROAD 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP LITHIA FL 33547 1.4 CITY-ST-ZIP RYCEN YOUN, FL 33549 |
| STREET ADDRESS 17317 BOYETTE ROAD 1.3 STREET ADDRESS 12424 ELWDREST DR CITY-ST-ZIP LITHIA FL 33547 1.4 CITY-ST-ZIP RYCEN YOUN, FL 33569 |
| CITY-ST-ZP LITHIA FL 33547 1.4 CITY-ST-ZIP RIVERNIGH, FL 33569 |
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| NAME CIFELLI, DARREN STREET ADDRESS 17317 BOYETTE ROAD 22 NAME 23 STREET ADDRESS 12424 ELJORA DR |
| |
| CITY-ST-ZIP LITHIA FL 33547 TITLE STD DELETE 3.1 TITLE LICHARGE Addition |
| NAME SZCZESNY, ROBERT A 32 NAME |
| STREET ADDRESS 17317 BOYETTE ROAD 33 STREET ADDRESS 12424 EL-LORA DR |
| CITY-ST-ZIP LITHIA FL 33547 34. CITY-ST-ZIP RIVERVIEW, FL 33569 |
| TITLE DELETE 4.1 TITLE Change Addition |
| NAME 4. 2 NAME |
| STREET ADDRESS 4.3 STREET ADDRESS |
| CITY-ST-ZIP 4.4 CITY-ST-ZIP |
| TITLE DELETE 5.1 TITLE Change Addition |
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| CITY-S1-2IP 5.4 CITY-S1-2IP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME Change Addition |
| CITY-S1-2IP 5.4 CITY-S1-ZIP TITLE DELETE 6.1 TITLE Change Addition |

14. I necety certify that the information supplied with this filing doos not quality 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:

1

Kgren Kincaid

Karen Kincaid

2/26/98

FILED

Mar 04 1998 8:00am

Secretary of State

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