

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Jan 31 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P95000002751 (2)**

1. Corporation Name  
**KENDALL PROSTHETICS & ORTHOTICS, INC.**



Principal Place of Business  
**7680 S.W. 156TH COURT #115 MIAMI FL 33193**

Mailing Address  
**7680 S.W. 156TH COURT #115 MIAMI FL 33193-1852**

3. Date Incorporated or Qualified  
**01/11/1995**

3a. Date of Last Report  
**03/19/1996**

4. FEI Number  
**65-0543891**

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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

21 **13044 SW 120 St.**  
Suite, Apt. #, etc.

22 **Miami, Fl.**  
City & State

23 **33186 USA**  
Zip Country

24 **25** **29** **30**

9. Name and Address of Current Registered Agent

**DAVIS, MICHAEL**  
**7680 S.W. 15TH COURT**  
**#115**  
**MIAMI FL 33193**

10. Name and Address of New Registered Agent

81 Name  
**Michael Davis**

82 Street Address (P.O. Box Number is Not Acceptable)  
**13044 SW 120 Street**

83 **Miami**

84 City

85 Zip Code  
**FL 33186**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME **PD DAVIS, MICHAEL**

STREET ADDRESS **7680 S.W. 156TH CT. #115**

CITY-ST-ZIP **MIAMI FL 33193**

TITLE  DELETE

NAME **SD DAVIS, MARLEN**

STREET ADDRESS **7680 S.W. 156TH CT. #115**

CITY-ST-ZIP **MIAMI FL 33193**

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President, Director**  Change  Addition

1.2 NAME **Michael Davis**

1.3 STREET ADDRESS **13044 SW 120 St.**

1.4 CITY-ST-ZIP **Miami, Fl. 33186**

2.1 TITLE **Secretary, Director**  Change  Addition

2.2 NAME **Marlen Davis**

2.3 STREET ADDRESS **13044 SW 120 St.**

2.4 CITY-ST-ZIP **Miami, Fl. 33186**

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 do 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: Michael Davis **FILED** 1/27/97 305-256-0076

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)