FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000041401 (7)**

1. Corporation Name

CUSTOM ORTHOTICS AND PROSTHETICS OF AMERICA, INC

Principal Place of Business

8639 N.W. 2ND LANE
MIAMI FL 33126

Mailing Address

8639 N.W. 2ND LANE
MIAMI FL 33126

3. Date Incorporated or Qualified: 05/18/1995

3a. Date of Last Report

4. FEI Number: 65-0585995

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

2a. Mailing Address

9. Name and Address of Current Registered Agent

PALMA, MICHAEL
8639 N.W. 2ND LANE
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name

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

83

84 City — FL

85 Zip Code

11. ... the above named corporation submits this statement for the purpose of changing its registered office ... I hereby accept the appointment as registered agent ...

SIGNATURE — DATE

12. OFFICERS AND DIRECTORS

D
PALMA, MICHAEL
8639 N.W. 2ND LANE
MIAMI FL 33126

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition (×6)

14. I hereby certify that ... Section 119.07(3)(k), Florida Statutes. I further certify ... annual report is true and accurate and that my signature shall have the same legal effect as if made under oath ... empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 ...

SIGNATURE: Michael Palma, President — 1/16/96 — (305)-267-0719

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)