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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000067952 (8)

SUNCOAST BRACE & LIMB, INC.

						-{		ABUR JATA BAHA	
Principal Place of Business Mailing Address						i tabitabi tre strät bitte antit datit antit matte beste in eine itet ten.			
1878 59TH ST. WEST 1878 59TH ST. WEST BRADENTON FL 34209 BRADENTON FL 3420946)					
						3. Date Incorporated or Qualified 09/01/1995		te of Last R 12/1996	eport
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	<u> </u>	Ar	oplied For
21		26	26			65-0604632 Not Applica			ot Applicable
Suite, Apl.	#, etc."	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	е	City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Cou	ıntry		8. This corporation has liability for intangible tax under s. 199.032,			
24				0		Florida Statutes Yes No			
	9. Name and Address of Curre	ent Registered Agent		ļ.,		10. Name and Address of New Re	gistered #	Agent	
ECK	erson, tom			81	Name				
1878 59TH ST. WEST BRADENTON FL 34209				82 Street Address (P.O. Box Number is Not Acceptable)					
DNA	DENTON I E 34208			83					
				64	City		FL	85 Zip	Code
11. Pursuant office or agent 1 a	to the provisions of Sections 607.05 registered agent, or both, in the Sta im familiar with, and accept the obli	502 and 607.1508, Florida St te of Florida Such change w igations of, Section 607.0505	atutes, the a ras authorize , Florida Sta	bove d by tutes	named corporation	oration submits this statement for the pon's board of directors. I hereby accept	urpose of	changing it ointment as	is registered registered
SIGNATURE	Signature, typed or pented name of registered a	agent and title if applicable	(NOTE: Registere	d Age	nt eignature require		DATE		<u></u>
12.				13.		ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	P	DELETE	1.1 T	ITLE				☐ Change	Addition
NAME	ECKERSON, TOM			1.2 NAME					
STREET ADDRESS	1878 59TH ST. W.		1,3 S	TREET	ADDRESS				
CITY - ST - ZIP	BRADENTON FL 34209		1.4 C	ITY-S	T-ZIP				
TITLE	VP	DELETE	2.1 T	ITLE	1 1			Change	Addition

2.2 NAME

31 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

DELETE

DELETE

DELETE

DELETE

2.3 STREET ADDRESS

2 4 CITY-ST-ZIP

3.3 STREET ADDRESS 3.4. CITY- \$1 - ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST-ZIP

4.4 CITY-ST-ZIP

6.4 CITY - ST - ZIP CITY-ST-ZIF tig does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that drustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 14. I do hereby certify that the information indicated on this annual supplie th this f I am an officer or director of the corrappears in Block 12 or Block 13 if of

SIGNATURE:

TITLE

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

TITEE

NAME STREET ADDRESS

STREET ADDRESS

CITY - ST- ZIP

CITY-ST-2IP

STREET ADDRESS

STREET ADDRESS

CITY - S1 - ZIP

CITY - ST - ZIP

FUMERELLE, JOANNE

BRADENTON FL 34209

1878 59TH ST. W.

SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

Change

Change

Change

Change

Addition

Addition

Addition

Addition

FILED

Feb 03 1997 8:00am

Secretary of State

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