

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000094339

FILED
Apr 23, 2002 8:00 AM
Secretary of State

Entity Name: ANDREAS PROSTHESES, INC.

Current Principal Place of Business:

321 SIXTH AVENUE
INDIALANTIC, FL 32903

New Principal Place of Business:

4175 WEST NEW HAVEN AVE
#8
WEST MELBOURNE, FL 32904

Current Mailing Address:

321 SIXTH AVENUE
INDIALANTIC, FL 32903

New Mailing Address:

P.O. BOX 121209
WEST MELBOURNE, FL 329121209

FEI Number: 59-3358166

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BONAFIGLIA, ANDREA
321 SIXTH AVENUE
INDIALANTIC, FL 32903 US

Name and Address of New Registered Agent:

BONAFIGLIA, ANDREA
4175 WEST NEW HAVEN AVE
#8
WEST MELBOURNE, FL 32904 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

04/23/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BONAFIGLIA, ANDREA
Address: 321 SIXTH AVENUE
City-St-Zip: INDIALANTIC, FL 32903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BONAFIGLIA, ANDREA
Address: 4175 WEST NEW HAVEN AVE
City-St-Zip: WEST MELBOURNE, FL 32904

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREA BONAFIGLIA

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04/23/2002

Electronic Signature of Signing Officer or Director

Date