SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P95000097458

1. Corporation Name
BALDWIN PROSTHETIC & ORTHOTIC INC.

Principal Place of Business
7301 NW 4th ST.
SUITE 101
PLANTATION, FL 33317

Mailing Address
7301 NW 4th St.
SUITE 101
PLANTATION, FL 33317

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 122795
3a. Date of Last Report: NA
4. FEI Number: 65-0628316 ☐ 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 XX Yes ☐ No

9. Name and Address of Current Registered Agent
TIMOTHY M. HARTLEY
WORLD TRADE CENTER SUITE 2520
80 SW 8 STREET
MIAMI, FL 33130

10. Name and Address of New Registered Agent
81 Name: WILLIAM M. BALDWIN
82 Street Address (P.O. Box Number is Not Acceptable): 7301 NW 4th St.
83 SUITE 101
84 City: PLANTATION, FL 85 Zip Code: 33317

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 [signature] - President   061896
(NOTE: Registered Agent's signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	☐ DELETE
NAME	WILLIAM M. BALDWIN	
STREET ADDRESS	7301 NW 4th ST. #101	
CITY-ST-ZIP	PLANTATION, FL 33317	
TITLE	VICE PRESIDENT	☐ DELETE
NAME	TONI M. BALDWIN	
STREET ADDRESS	7301 NW 4th St.#101	
CITY-ST-ZIP	PLANTATION, FL 33317	
TITLE	SECRETARY	☐ DELETE
NAME	TONI M. BALDWIN	
STREET ADDRESS	7301 NW 4th St.#101	
CITY-ST-ZIP	PLANTATION, FL 33317	
TITLE	TREASURER	☐ DELETE
NAME	WILLIAM M. BALDWIN	
STREET ADDRESS	7301 NW 4th St.#101	
CITY-ST-ZIP	PLANTATION, FL 33317	
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		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		

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***225.00

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature]   6/18/96   954 3278445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #
Toni M. Baldwin   OS 6/11/96