

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

**FILED**  
**Jun 16, 1999 8:00 am**  
**Secretary of State**

06-16-1999 90014 047 \*\*\*550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P96000005177

1. Corporation Name

Orthotics & Prosthetics Rehabilitation  
Associates, Inc.

Principal Place of Business	Mailing Address
5310 N.W. 8th Ave.	5310 N.W. 8th Ave.
Suite 2	Suite 2
Gainesville, FL 32605	Gainesville, FL 32605
USA	USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/96

4. FEI Number

59-3357259

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 490 N.W. 60th St.

2a. Mailing Address

26 490 N.W. 60th St.

Suite, Apt. #, etc.

22 Suite 4

Suite, Apt. #, etc.

27 Suite 4

City & State

23 Gainesville, FL

City & State

28 Gainesville, FL

Zip Country

24 32607 25 USA

Zip Country

29 32607 30 USA

9. Name and Address of Current Registered Agent

Phelps, Mark A.  
5310 N.W. 8th Ave.  
  
Suite 2  
Gainesville, FL 32605

10. Name and Address of New Registered Agent

81 Name  
Jeffery M. Fuller

82 Street Address (P.O. Box Number is Not Acceptable)  
100 N. Tampa St.

83 Suite 2650

84 City  
Tampa

85 Zip Code  
FL 33602

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

Jeffery M. Fuller

6-2-99  
DATE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P/T	<input type="checkbox"/> DELETE
NAME	Phelps, Mark A	
STREET ADDRESS	2712 S.W. 132 Terrace	
CITY-ST-ZIP	Archer, FL 32618	

TITLE	V/S	<input checked="" type="checkbox"/> DELETE
NAME	Farris, Raymond	
STREET ADDRESS	P. O. Box 665	
CITY-ST-ZIP	Ft. McCoy, FL 32134	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Phelps, Mark A.	
1.3 STREET ADDRESS	2712 S.W. 132 Terrace	
1.4 CITY-ST-ZIP	Archer, FL 32618	<input type="checkbox"/> Change <input type="checkbox"/> Addition

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE	D/P/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Vero, Frank M.	
3.3 STREET ADDRESS	3502 S.E. 18th Ave.	
3.4 CITY-ST-ZIP	Ocala, FL 34471	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(352) 351-3207

Daytime Phone #