CAPITAL CONNECTION 850 222 1222 04/28

2000 UNIFORM BUSINESS REPORT (UBR)

02-01-2001 90190 050 ***150.00

DOCUMENT # P96000018199 ✓

1. Entity Name

ORTHOTICS AND PROSTHETIC, INC.

FILED 01 FEB -1 PM 4: SECRETARY OF STATE TALLAHASSEE, FLORIDA

A00179773

DO NOT WRITE IN THIS SPACE

Principal Place of Business | Mailing Address

1140 W. 50th Street
Suite 200A
Hialeah, FL 33012

2. Principal Place of Business: 1140 W. 50th Street
Suite, Apt. #, etc.: 200A
City & State: ~~Hialeah, FL~~
Zip: 33012 Country: USA

3. Mailing Address:
Suite, Apt. #, etc.:
City & State:
Zip: Country:

4. FEI Number: 65-0645924

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
Name: Guillermo Ramon
Street Address (P.O. Box Number is Not Acceptable): 1140 W. 50th Street Suite 200A
City: Hialeah FL Zip Code 33012

8. 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 X [signature] 1/17/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 Added

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P/V/S/T Guillermo Ramon 7911 NW 72nd Avenue Suite 213B ~~Medley, FL 33166~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P/V/S/ T Guillermo Ramon 1140 W. 50th Street Suite 200A Hialeah, FL 33012	☒ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] 1/17/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2/9/01