

4-24-97 B-5359 C  
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FILED  
May 19 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000049863 (9)

1. Corporation Name

SEMINOLE LIMB AND BRACE CORPORATION



Principal Place of Business

10109 PARADISE BLVD  
TREASURE ISLAND FL 33706

Mailing Address

10109 PARADISE BLVD  
TREASURE ISLAND FL 33706-3118

0247 SEMINOLE BL STE 100  
SEMINOLE, FL 33772

SAME AS PLACE  
OF BUSINESS

3. Date Incorporated or Qualified

06/11/1996

3a. Date of Last Report

2. Principal Place of Business

21 SEMINOLE BLVD.

Suite, Apt. #, etc.

22 SUITE 100

City & State

23 SEMINOLE FLORIDA

Zip

24 33772

Country

25 USA

2a. Mailing Address

26 0247 SEMINOLE BLVD.

Suite, Apt. #, etc.

27 SUITE 100

City & State

28 SEMINOLE FLORIDA

Zip

29 33772

Country

30 USA

4. FEI Number

51-3376937

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes\*

☒

Yes ☐ No

9. Name and Address of Current Registered Agent

ACCOMONDO, KATHRYN F  
10109 PARADISE BLVD  
TREASURE ISLAND FL 33706

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ORTIZ, STEVEN L  
STREET ADDRESS 5920 102 AVE NORTH  
CITY-ST-ZIP PINELLAS PARK FL 34866

TITLE TD ☐ DELETE

NAME ENGLAND, CHRISTOPHER L  
STREET ADDRESS 11975 3 STREET EAST  
CITY-ST-ZIP TREASURE ISLAND FL 33706

TITLE SD ACCOMONDO ☐ DELETE

NAME ACCOMONDO, KATHRYN F  
STREET ADDRESS 10109 PARADISE BLVD  
CITY-ST-ZIP TREASURE ISLAND FL 33706

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-97 833A-0302

Date Daytime Phone #

CR2E034 (9/96)