

ANNUAL REPORT

DOCUMENT # P96000049863

1. Entity Name
SEMINOLE LIMB AND BRACE CORPORATION



FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91034 020 ***150.00

Principal Place of Business
6247 SEMINOLE BLVD. STE 100
SEMINOLE, FL 33772 US

Mailing Address
6247 SEMINOLE BLVD. STE 100
SEMINOLE, FL 33772 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04222004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3376937

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ENGLAND, CHRISTOPHER
11975 3RD ST EAST
TREASURE ISLAND, FL 33772

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
ENGLAND, CHRISTOPHER L
11975 ST EAST
TREASURE ISLAND, FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
ACCOMADO, KATHRYN
8098 115TH STREET
SEMINOLE, FL 33772

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kathryn Accomado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 22, 2004 727-319-6302

Date

Telephone Phone #