

DOCUMENT # P96000061764

1. Entity Name
HOMESTEAD ORTHOTICS AND PROSTHETICS, INC.

HOMESTEAD ORTHOTICS AND PROSTHETICS, INC.

868 N KROME AVE HOMESTEAD FL 33030	868 N KROME AVE HOMESTEAD FL 33030
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868 N KROME AVE
HOMESTEAD FL 33030

2. Principal Place of Business Homestead Orthotics.	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State		City & State	
Zip	Country	Zip	Country

Country

Country

Applied For	
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Not Applicable

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent		
ALVAREZ, JESUS M 21369 S.W. 92 AVE. MIAMI FL 33189	Name	
	Street Address (
	City	

7. Name and Address of New Registered Agent	
P.O. Box Number is Not Acceptable)	
FL	Zip Code

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

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

\$5.00 May Be
Added to Fees

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

CR2E034 (10/00)