

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

**FILED**  
**Jan 20 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Moitham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000052706 (3)**

1. Corporation Name  
**UNLIMITED PROSTHETIC & ORTHOTIC SERVICES, INC.**



Principal Place of Business <b>108 BALMORAL COURT DEBARY-FL-32713</b>	Mailing Address <b>108 BALMORAL COURT DEBARY-FL-32713</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/13/1997</b>	
21 <b>123 S. Industrial Drive</b>	26 <b>Same</b>	4. FEI Number <b>59-3459482</b>		Applied For Not Applicable	
Suite, Apt. #, etc. 22 <b>Suite 104</b>	Suite, Apt. #, etc. 27 <b>Same</b>	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
City & State 23 <b>Orange City</b>	City & State 28 <b>Same</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Zip 24 <b>32763</b>	Country 25 <b>USA</b>	Zip 29 <b>Same</b>	Country 30 <b>Same</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**O'CONNOR, SUSAN**  
**114 FLORIDANA ROAD**  
**DEBARY FL 32713**

10. Name and Address of New Registered Agent

81 Name <b>O'CONNOR, SUSAN</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1015 Country Club Park</b>
83
84 City <b>Deland</b>
85 Zip Code <b>FL 32724</b>

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 *Susan M. O'Connor* **1/8/98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> <b>ROSENDAL, PETER</b> <b>108 BALMORAL COURT</b> <b>DEBARY FL 32713</b>	<input type="checkbox"/> DELETE	<b>1.1 TITLE</b> <b>PD</b> <b>Rozendal, Peter</b> <b>108 Balmoral Court</b> <b>DeBary, FL 32713</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD</b> <b>O'CONNOR, SUSAN</b> <b>114 FLORIDANA ROAD</b> <b>DEBARY FL 32713</b>	<input type="checkbox"/> DELETE	<b>2.1 TITLE</b> <b>STD</b> <b>O'CONNOR, SUSAN</b> <b>1015 Country Club Park</b> <b>Deland, FL 32724</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	<b>3.1 TITLE</b> <b>3.2 NAME</b> <b>3.3 STREET ADDRESS</b> <b>3.4 CITY - ST - ZIP</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	<b>4.1 TITLE</b> <b>4.2 NAME</b> <b>4.3 STREET ADDRESS</b> <b>4.4 CITY - ST - ZIP</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	<b>5.1 TITLE</b> <b>5.2 NAME</b> <b>5.3 STREET ADDRESS</b> <b>5.4 CITY - ST - ZIP</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	<b>6.1 TITLE</b> <b>6.2 NAME</b> <b>6.3 STREET ADDRESS</b> <b>6.4 CITY - ST - ZIP</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Susan M. O'Connor* **1/8/98 904-225-2800**

CR2E034 (10/97)