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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000052706

1. Corporation Name

UNLIMBITED PROSTHETIC & ORTHOTIC SERVICES, INC.



Principal Place of Business

123 S INDUSTRIAL DR
STE 104
ORANGE CITY FL 32763
US

Mailing Address

108 BALMORAL COURT
DEBARY FL 32713

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/13/1997

4. FEI Number

59-3459482

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

O'CONNOR, SUSAN
1015 COUNTRY CLUB PARK
DELAND FL 32724

10. Name and Address of New Registered Agent

81 Name O'CONNOR, Susan M.

82 Street Address (B.O. Box Number is Not Acceptable)
1985 Quail Hollow Drive

83

84 City Deland FL 85 Zip Code 32720

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ROZENDAL, PETER
STREET ADDRESS 108 BALMORAL COURT
CITY-ST-ZIP DEBARY FL 32713

TITLE STD ☐ DELETE

NAME O'CONNOR, SUSAN
STREET ADDRESS 1015 COUNTRY CLUB PARK
CITY-ST-ZIP DEBARY FL 32724

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 VPD ☒ Change ☐ Addition

1.2 NAME Rozendal, Peter
1.3 STREET ADDRESS 3922 Oakcrest Circle
1.4 CITY-ST-ZIP Port Orange FL 32119

2.1 TITLE STD ☒ Change ☐ Addition

2.2 NAME O'CONNOR, Susan
2.3 STREET ADDRESS 1985 Quail Hollow Drive
2.4 CITY-ST-ZIP Deland, FL 32720

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Susan M. O'Connor 2/1/99 904-775-2800

CR2E034 (11/98)