Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90045 014 ***150.00

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PROFIT.
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DIV.

DOCUMENT # P97000086616

KAST OF	ATHOTICS AND PROSTHETIC	CS, INC.				 	AANA MAAR	ENIA ENIA ANTE	11 318 8 411 1881
,									
Principal Place	e of Business	Mailing Address	_					BIID RIIGE DIGEL	11 0 1
1230 S MYRTLE		1230 S MYRTLE AVE							
SUITE 401		SUITE 401							
CLEARWATER F	FL 33756	CLEARWATER FL 33756				DO NOT WRITE	IN THIS	SPACE	
US		US				3. Date Incorporated or Qualifed			
						10/07/1997		11.	- U - 1 E
⊢ ⊣ '	lace of Business	2a. Mailing Address				4. FEI Number		_ 	plied For
21		26				<u>59-3471336</u>		\$8.75	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u> </u>			5. Certifcate of Status Desired		Fee Re	
City & State	e	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28			_	Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Country			This corporation owes the current year Intangible			
24	25	29	30			Personal Property Tax:			ON
:	9. Name and Address of Current	Registered Agent		<u> </u>		10. Name and Address of New Re	gistered a	Agent	
FDO	IMEELTED CARVE	•	1	81 1	Name				i
	UNFELTER, CARY F		ļ.	82 Street Add		ss (P.O. Box Number is Not Acceptab	ie)	-	
	S MYRTLE AVE		· [. [-],				·	
	E 401		\ \	83					1
CLE/	ARWATER FL 33756			84 (City			85 Zip (Code
	•				•		FL	. -	}
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508. Florida Statut	es, the ab		amed come	ration submits this statement for the p	urpose of	changing its	registered
office or n	egistered agent, or both, in the State of	i Florida. Such change was a	uthorized	DV the	e corporation	n's board of directors. I hereby accept	the appoir	ntment as re	gistered
office or n agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation	i Florida. Such change was a	uthorized	DV the	e corporation	n's board of directors. I hereby accept	the appoir	ntment as re	gistered
office or n	egistered agent, or both, in the State of	Florida. Such change was a ons of, Section 607.0505, Flo	uthorized rida Statu	by the tes.	e corporation	when reinstating)	DATE	unent as re	gistered
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14. I hereby certify that the information supplied with this filling 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 employered 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

AND THE OR PRINTED NAME OF GRINN DOFFICER OR DIRECTOR

3-2.90

727-461-5278

CR2E034 (11/98)