

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # P97000086616

1. Entity Name

KAST ORTHOTICS AND PROSTHETICS, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

04-05-2000 90065 007 ***150.00

Principal Place of Business 1230 S MYRTLE AVE SUITE 401 CLEARWATER FL 33756 US	Mailing Address 1230 S MYRTLE AVE SUITE 401 CLEARWATER FL 33756-3457 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3471336	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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FROUNFELTER, CARY F
1230 S MYRTLE AVE
SUITE 401
CLEARWATER FL 33756

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.

SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
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9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FROUNFELTER, CARY F 1230 S MYRTLE AVE, STE 401 CLEARWATER FL 33756	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 not empowered.

SIGNATURE:	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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CR2E034 (9/99)