

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR) 2002**

**FILED**  
**Oct 02, 2002 8:00 am**  
**Secretary of State**

10-02-2002 90118 035 \*\*\*550.00

DOCUMENT # P480000001025  
1. Entity Name  
HENDRICKS ORTHOTIC PROSTHETIC ENTERPRISES, INC.

**DO NOT WRITE IN THIS SPACE**

678666

2. Principal Place of Business  
1700 Silver Star Rd  
Suite, Apt. #, etc.

3. Mailing Address  
← Same  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Orlando, FL  
Zip  
32804 Country  
USA

City & State  
..  
Zip  
.. Country  
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4. FEI Number  
59-3485670  
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
DAVID HENDRICKS  
Street Address (P.O. Box Number is Not Acceptable)  
270 Hawthorne Groves Blvd.  
City  
Orlando FL Zip Code  
32835

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

(NOTE: Registered Agent signature required when reinstating)

DATE  
9/30/02

9. This Corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>David Hendricks</u> <u>270 Hawthorne Groves Blvd.</u> <u>Orlando, FL 32835</u>
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: David J. Hendricks  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 9/30/02 DAYTIME PHONE: 407.376.8409