

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000001025

FILED
Jan 12, 2004
Secretary of State

Entity Name: HENDRICKS ORTHOTIC PROSTHETIC ENTERPRISES, INC.

Current Principal Place of Business:

1307 EAST LAND STREET RD.
1307
ORLANDO, FL 32824 US

New Principal Place of Business:

Current Mailing Address:

1307 EAST LAND STREET RD.
1307
ORLANDO, FL 32824 US

New Mailing Address:

FEI Number: 59-3485670 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HENDRICKS, DAVID
270 HAWTHORNE GROVES BLVD
ORLANDO, FL 32835

Name and Address of New Registered Agent:

HENDRICKS, DAVID
14523 QUAIL TRAIL CIRCLE
ORLANDO, FL 32837

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: _____ 01/12/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HENDRICKS, DAVID
Address: 270 HAWTHORNE GROVES BLVD
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HENDRICKS, DAVID
Address: 14523 QUAIL TRAIL CIRCLE
City-St-Zip: ORLANDO, FL 32837

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID HENDRICKS P 01/12/2004
Electronic Signature of Signing Officer or Director Date