


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000001901	
1. Entity Name FLEXIBLE PROSTHETICS, INC.	

Principal Place of Business 209 S. DILLARD STREET WINTER GARDEN, FL 34787	Mailing Address 209 S. DILLARD STREET WINTER GARDEN, FL 34787
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**DO NOT WRITE IN THIS SPACE**



04122004 No Chg-P CR2E034 (10/03)

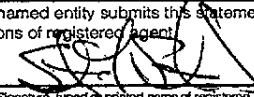
4. FEI Number 59-3492152	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

H&R BLOCK PREMIUM  
 1650 SANDLAKE RD  
 STE 108  
 ORLANDO, FL 32809

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: 4/15/2004

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	O SITARIK, STEVEN F 209 S. DILLARD STREET WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 04/19/04-80054-009 150.00

**DO NOT WRITE IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  Steven F. Sitarik 4/15/2004 407 654 5955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #