

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90252 027 ***158.75

DOCUMENT # *P98000061052*

1. Entity Name

Bay Prosthetic Center, Inc.

NC 8/24/00

Principal Place of Business

Mailing Address

2886 Jefferson Street, Suite A
 Marianna, FL 32446

A0068419

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3520869

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **Diane C. Hare, CPA**

Street Address (P.O. Box Number is Not Acceptable)

3003 S. Hwy. 77, Suite A

City

Lynn Haven

FL

Zip Code

32444

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

Diane C. Hare, CPA
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-20-01

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Delete
 NAME **Susan Cottrill**
 STREET ADDRESS **1707 Seneca Avenue**
 CITY-ST-ZIP **Panama City, FL 32404**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Vice President** ☐ Delete
 NAME **Glenn Cottrill**
 STREET ADDRESS **1707 Seneca Avenue**
 CITY-ST-ZIP **Panama City, FL 32404**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 like empowered.

SIGNATURE:

Susan Cottrill

Susan Cottrill

4/28/01

850-785-0011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)