


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90020 010 ***158.75

DOCUMENT # P98000061052	
1. Entity Name BAY PROSTHETIC CENTER, INC.	

Principal Place of Business 105 BEACH DR., SUITE A1 FORT WALTON BEACH, FL 32547	Mailing Address 2886 JEFFERSON STREET SUITE A MARIANNA, FL 32446
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2. Principal Place of Business 930 Mar Walt Drive	3. Mailing Address 930 Mar Walt Drive
Suite, Apt. #, etc. Suite D	Suite, Apt. #, etc. Suite D
City & State Ft. Walton Bch, FL	City & State Ft. Walton Bch, FL
Zip 32547	Country
Zip 32547	Country



01292004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3520869	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent HARE, DIANE C CPA 3003 S HWY 77 STE A LYNN HAVEN, FL 32444	7. Name and Address of New Registered Agent Name Diane C. Hare CPA Street Address (P.O. Box Number is Not Acceptable) 2589 Jenks Ave City Panama City FL Zip Code 32405
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COTTRILL, GLENN 105 BEACH DR, SUITE A FORT WALTON BEACH, FL 32547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Cottrill, Glenn 930 Mar Walt Drive Ft. Walton Bch, FL 32547 <input checked="" 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
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
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
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
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

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:  **Glenn Cottrill** **3-2-04** **(850) 863-5959**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #