

# **2007 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P98000103741

**FILED**  
**Jan 03, 2007**  
**Secretary of State**

**Entity Name:** ABC PROSTHETICS & ORTHOTICS OF ALTAMONTE, INC.

**Current Principal Place of Business:**

691DOUGLAS AVE  
SUITE 103  
ALTAMONTE SPRINGS, FL 32714 US

**New Principal Place of Business:**

691 DOUGLAS AVE  
SUITE 103  
ALTAMONTE SPRINGS, FL 32714 US

**Current Mailing Address:**

1815 S DIVISION AVE  
ORLANDO, FL 32805 US

**New Mailing Address:**

**FEI Number:** 59-3545019      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SAUNDERS, J L  
9050 CLASSIC COURT  
ORLANDO, FL 32819 US

**Name and Address of New Registered Agent:**

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:** JL SAUNDERS

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: SAUNDERS, SCOTT L  
Address: 6709 SPRING RAIN  
City-St-Zip: ORLANDO, FL 32819

Title: V ( ) Delete  
Name: SAUNDERS, J L  
Address: 9050 CLASSIC COURT  
City-St-Zip: ORLANDO, FL 32819

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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:** JL SAUNDERS

Electronic Signature of Signing Officer or Director

V

01/03/2007

Date