

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000058773

1. Entity Name

ABC PROSTHETICS & ORTHOTICS OF SANFORD, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90123 039 ***150.00

Principal Place of Business	Mailing Address
6709 SPRING RAIN ORLANDO FL 32819	6709 SPRING RAIN ORLANDO FL 32819-4737

2. Principal Place of Business	3. Mailing Address
114 S. Sanford Ave.	695 Douglas Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Sanford, FL 32806	Altamonte Springs, FL
Zip	Zip
32771	32714
Country	Country
Seminole	Seminole

4. FEI Number	Applied For
59-3589121	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
COOPER, MARK O 200 E ROBINSON ST, SUITE 865 ORLANDO FL 32801

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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:  **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
03/20/00 407-7721990
Date Daytime Phone #