

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT-# P99000109027

1. Entity Name
PROSTHETIC AND ORTHOTIC ASSOCIATES OF CENTRAL FL

Principal Place of Business
1731 S. ORANGE AVE.
ORLANDO FL 32806

Mailing Address
1731 S. ORANGE AVE.
ORLANDO FL 32806

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For
☒ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOORE, JAMES M
1731 S. ORANGE AVE.
ORLANDO FL 32806

Name Stephanie A. Kingston
Street Address (P.O. Box Number is Not Acceptable)
751 Ashbury Ave
City Melbourne FL Zip Code 32940

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 Stephanie A. Kingston Administrator (NOTE: Registered Agent signature required when reinstating)

3/16/01 DATE

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 ☐ Delete
NAME **D**
STREET ADDRESS **MCMURRAY, ROY PAUL**
CITY-ST-ZIP **11040 S. TROPICAL TR.
MERRITT ISLAND FL 32952**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **STAN PATTERSON, WILLIAM**
CITY-ST-ZIP **107 ESTHER DR.
COCOA BEACH FL 32931**

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

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **MOORE, JAMES M**
CITY-ST-ZIP **8426 ISLAND PALM CIR.
ORLANDO FL 32835**

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

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **HOGAN, MICHAEL J**
CITY-ST-ZIP **2 1ST CT. POB 1437
WINDERMERE FL 34786**

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

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **HOGAN, BARBARA W**
CITY-ST-ZIP **2 1ST CT. POB 1437
WINDERMERE FL 34786**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 information.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/01 407-2457720
Date Daytime Phone #

FILED
Mar 26, 2001 8:00 am
Secretary of State
03-26-2001 90210 001 ***317.50



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)