

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000109027

FILED
Jan 21, 2002 8:00 AM
Secretary of State

Entity Name: PROSTHETIC AND ORTHOTIC ASSOCIATES OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

1731 S. ORANGE AVE.
ORLANDO, FL 32806

New Principal Place of Business:

379 W. MICHIGAN STREET
SUITE 200
ORLANDO, FL 32806

Current Mailing Address:

1731 S. ORANGE AVE.
ORLANDO, FL 32806

New Mailing Address:

379 W. MICHIGAN STREET.
SUITE 200
ORLANDO, FL 32806

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KINGSTON, STEPHNAIE A
751 ASHBURY AVENUE
MELBOURNE, FL 32940

Name and Address of New Registered Agent:

KINGSTON, STEPHNAIE A
751 ASHBURY AVENUE
MELBOURNE, FL 32940

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: _____

01/21/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: MCMURRAY, ROY PAUL
Address: 11040 S. TROPICAL TR.
City-St-Zip: MERRITT ISLAND, FL 32952

Title: CP () Delete
Name: STAN PATTERSON, WILLIAM
Address: 107 ESTHER DR.
City-St-Zip: COCOA BEACH, FL 32931

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 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 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: WILLIAM S. PATTERSON

CP

01/21/2002

Electronic Signature of Signing Officer or Director

Date