

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # S80340

1. Entity Name

ADVANCED ORTHOPEDICS & PROSTHETICS, INC.



Principal Place of Business

5402 CRAFTS ST.
NEW PORT RICHEY FL 34652

Mailing Address

5402 CRAFTS ST.
NEW PORT RICHEY FL 34652



1st MOORE

CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

4. FEI Number 59-3086874

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOPPE, JOHN D
7127 AUBURN LANE
NEW PORT RICHEY FL 34654

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	NAME	HOPPE, JOHN D.	<input type="checkbox"/> Delete
STREET ADDRESS			7127 AUBURN LANE	
CITY ST ZIP			NEW PORT RICHEY FL 34654	
TITLE	VP	NAME	HOPPE, JOSEPH L.	<input type="checkbox"/> Delete
STREET ADDRESS			11139 KELLEHER CT	
CITY ST ZIP			NEW PORT RICHEY FL 34654	
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY ST ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY ST ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY ST ZIP				

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS			U00000616331	
CITY ST ZIP			02/07/07-80024-008 150.00	
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS				
CITY ST ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS				
CITY ST ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS				
CITY ST ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

John D. Hoppe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/07 727-849-546
Date Daytime Phone #