

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 2:05

DOCUMENT # S95967 (3)

1. Corporation Name

PINELLAS ORTHOTICS & PROSTHETICS, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/22/1991
3a. Date of Last Report 03/29/1994
4. FEI Number 59-3094250
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

Principal Place of Business 1201 S. HIGHLAND AVENUE
10
CLEARWATER FL 34616
US
Mailing Address 1201 S. HIGHLAND AVENUE
10
CLEARWATER FL 34616
US
2. Principal Place of Business 21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25 26 27 28 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARIDEO, JOSEPH JR
700 04TH AVENUE NORTH, SUITE 110
ST. PETERSBURG FL 33702

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 SUITE 10
84 City
85 FL 86 Zip Code 34616

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

JOSEPH F. CARIDEO JR. PMS.

4/26/95

12. OFFICERS AND DIRECTORS
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or in an addendum with an address.

SIGNATURE:

JOSEPH F. CARIDEO JR. PMS. 4/26/95 (13) 447-9870