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FILED
Oct 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # **S95967** **(3)**

1. Corporation Name
PINELLAS ORTHOTICS & PROSTHETICS, INC.

Principal Place of Business	Mailing Address
1201 S. HIGHLAND AVENUE 10 CLEARWATER FL 34616 US	1201 S. HIGHLAND AVENUE 10 CLEARWATER FL 34616 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1200 16th ST. N. 22 Suite, Apt. #, etc. 23 City & State: ST. Petersburg, FL 24 Zip: 33705 25 County: Pin	2a. Mailing Address 26 1200 16th ST. N. 27 Suite, Apt. #, etc. 28 City & State: FL, ST Petersburg 29 Zip: 33705 30 County: Pin

3. Date Incorporated or Qualified: 11/22/1991

4. FEI Number: 59-3094250 ☐ Applied For ☐ Not Applicable

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CARIDEO, JOSEPH JR
1201 S HIGHLAND AVE
SUITE 10
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name: Donald R Fox II
82 Street Address (P.O. Box Number is Not Acceptable): 821 45th AVE N.E.
83 St
84 City: ST. Petersburg FL 85 Zip Code: 33703

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: Donald R. Fox II DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	President PTSD	☒ Change ☐ Addition
NAME	BINDI, RUDY		1.2 NAME	Donald R. Fox II	
STREET ADDRESS	1201 S. HIGHLAND AVENUE, SUITE 10		1.3 STREET ADDRESS	1200 16th St. N.	
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP	St. Petersburg, FL 33705	
TITLE	PTD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CARIDEO, JOSEPH		2.2 NAME		
STREET ADDRESS	1201 S. HIGHLAND AVENUE, SUITE 10		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP		
TITLE	S/D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CARIEDO, MARIA S		3.2 NAME		
STREET ADDRESS	1201 S. HIGHLAND AVENUE, SUITE 10		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP		
TITLE	PT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DEC		4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	500100256255	
STREET ADDRESS			5.3 STREET ADDRESS	-10/19/98--01006--005	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***150.00	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

10/19/98

CR2E034 (10/97)

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/30/98 823-1200