

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90038 022 ***158.75

DOCUMENT # V37059

1. Corporation Name

ORTHOTIC REHABILITATION PRODUCTS, INC.

Principal Place of Business

7002 E. BROADWAY
TAMPA FL 33619

Mailing Address

1209 TECH BLVD
STE 202
TAMPA FL 33619
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/15/1992

4. FEI Number

59-3126783

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 the current year Intangible
Personal Property Tax.



Yes

No

9. Name and Address of Current Registered Agent

GLUCKMAN, JEREMY E
707 N FRANKLIN ST
4TH FLOOR
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE TD
NAME LUBER, JAMIE
STREET ADDRESS 7002 E BROADWAY
CITY-ST-ZIP TAMPA FL

DELETE

TITLE PD
NAME LUBER, GEORGE H.
STREET ADDRESS 7002 E BROADWAY
CITY-ST-ZIP TAMPA FL

DELETE

TITLE SD
NAME LUBER, MAUREEN
STREET ADDRESS 7002 E BROADWAY
CITY-ST-ZIP TAMPA FL

DELETE

TITLE VD
NAME SZCZESNY, ROBERT
STREET ADDRESS 7002 E BROADWAY
CITY-ST-ZIP TAMPA FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Luber, Jamie
1.3 STREET ADDRESS 7002 E. Broadway
1.4 CITY-ST-ZIP Tampa FL

Change Addition

2.1 TITLE VD
2.2 NAME Luber, George H.
2.3 STREET ADDRESS 7002 E. Broadway
2.4 CITY-ST-ZIP Tampa FL

Change Addition

3.1 TITLE SD
3.2 NAME Luber, Maureen
3.3 STREET ADDRESS 7002 E. Broadway
3.4 CITY-ST-ZIP Tampa FL

Change Addition

4.1 TITLE TD
4.2 NAME Szczesny, Robert
4.3 STREET ADDRESS 7002 E. Broadway
4.4 CITY-ST-ZIP Tampa FL 33619

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Robert Szczesny TD

Date

3/11/99 813620 0035

Daytime Phone #

CR2E034 (11/98)