FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED FILED

DOCUMENT # V37400 (1)

1. Corporate Name

AA-ACADEMY PLUMBING, INC.

Principal Place of Business: 512 NORTH HUDSON ST, ORLANDO FL 32835

Mailing Address: 512 NORTH HUDSON ST., ORLANDO FL 32835

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/20/1992

3a. Date of Last Report: 08/17/1994

4. FEI Number: 59-3124653 — 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 has liability for intangible tax under s. 199.042 Florida Statutes. [✓] Yes [ ] No

2. Principal Place of Business | 2a. Mailing Address

21 | 26

Suite, Apt. #, etc. 22 | 27

City & State 23 | 28

Zip 24 | Country 25 | Zip 29 | Country 30

9. Name and Address of Current Registered Agent

CARLISLE, RONALD W.
2731 SILVER STAR ROAD
ORLANDO FL 32808

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

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	SAVINO, MICHAEL A.
STREET ADDRESS	126 SANDPIPER RIDGE DR
CITY-ST-ZIP	ORLANDO FL
TITLE	SD
NAME	CARLISLE, RONALD W.
STREET ADDRESS	2731 SILVER STAR ROAD
CITY-ST-ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — [ ] Change [ ] Addition (blank)

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)(i), Florida Statutes. I further certify that the information indicated on the 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date — Daytime Phone #

0062872 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # **V37587** **(5)**

1. Corporate Name

BADER PROSTHETICS AND ORTHOTICS, INC.

Principal Place of Business	Mailing Address
13810 MILL COVE CIRCLE TAMPA FL 33624	13810 MILL COVE CIRCLE TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/19/1992**

3a. Date of Last Report: **06/17/1994**

2. Principal Place of Business
21 12400 N. DALE MABRY

2a. Mailing Address
26

Suite Apt # or Bldg
22 SUITE # 3

Suite Apt # or Bldg
27

City & State
23 TAMPA, FL

City & State
28

24 33618 25 USA 29 30

4. FEI Number: **59-3126916** ☐ 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

7. This corporation has filed or is eligible to file a report in response to a request received pursuant to the provisions of Section 608.4101, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BADER, WADE 13810 MILL COVE CIRCLE TAMPA FL 33624	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 607.1907 and 607.1908, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	TITLE	☐ Change ☐ Addition
NAME	BADER, WADE	NAME	
STREET ADDRESS	13810 MILL COVE CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is absolutely furnished and 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: 5/16/95 (813) 962-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0290926 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

95 MAY 22 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V38056 (0)

1. JORGE L. CUETO P.A.

Principal Place of Business	Mailing Address
757 N.W. 27TH AVE. MIAMI FL 33125	757 N.W. 27TH AVE. MIAMI FL 33125

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 05/21/1992
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business
21 198 NW 37 AVE
22 SECOND FLOOR
23 MIAMI, FLORIDA
24 33125 25 U.S

2a. Mailing Address
26
27
28
29 30

4. FEI Number: 65-0349687 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Docket Computer Processing / Total Paid Combination ☐ — $5.00 May Be Added to Fees

8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CUETO, JORGE L.
757 N.W. 27TH AVE.
MIAMI FL 33125

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 Section 607.0502 and 607.1908, 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

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
D CUETO, JORGE L. 757 NW 27TH AVE. MIAMI FL	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is absolutely true and correct as required by Section 607.0502, Florida Statutes. I further certify that the corporation is not delinquent in filing the annual report or supplemental annual report for this state 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 above, or on an attachment with an address.

SIGNATURE: Jorge Cueto — 5/9/95 — 592-64-9884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Social Security Number

0120024 CP