

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathart
Secretary of State
1900 Bank of America Building
Tallahassee, Florida 32399-0001

DOCUMENT # V37400

(1)

AA-ACADEMY PLUMBING, INC.

**APPROVED
FILED
MAY 22 AM 10:15
MAY 22 AM 10:15
STATE OF FLORIDA
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business 512 NORTH HUDSON ST ORLANDO FL 32835		2a. Mailing Address 512 NORTH HUDSON ST. ORLANDO FL 32835		3. Date Incorporated or Created 05/20/1992	3a. Date of Last Report 08/17/1994
2. Principal Place of Business 21	2a. Mailing Address 26	4. FET Number 59-3124653		Applied For ☐ Not Applicable	
22. Date of Report 22	27. Date of Report 27	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. City & State 23	28. City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. City 24	25. County 25	29. City 29	30. County 30	8. This corporation has liability for intangible tax under the Florida Statutes. ☒ Yes ☐ No	

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 607.01(1) 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 Sections 607.01(2) Florida Statutes.

SIGNATURE

Signature of Registered Agent or New Registered Agent (Not Applicable)

Signature of Registered Agent or New Registered Agent (Not Applicable)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICER	NAME	13.1 OFFICER	☐ Change ☐ Addition
NAME	SAVINO, MICHAEL A.	13.2 NAME	
STREET ADDRESS	128 SANDPIPER RIDGE DR	13.3 STREET ADDRESS	
CITY & STATE	ORLANDO FL	13.4 CITY & STATE	
OFFICER	NAME	13.5 OFFICER	☐ Change ☐ Addition
NAME	CARLISLE, RONALD W.	13.6 NAME	
STREET ADDRESS	2731 SILVER STAR ROAD	13.7 STREET ADDRESS	
CITY & STATE	ORLANDO FL	13.8 CITY & STATE	
OFFICER	NAME	13.9 OFFICER	☐ Change ☐ Addition
NAME		13.10 NAME	
STREET ADDRESS		13.11 STREET ADDRESS	
CITY & STATE		13.12 CITY & STATE	
OFFICER	NAME	13.13 OFFICER	☐ Change ☐ Addition
NAME		13.14 NAME	
STREET ADDRESS		13.15 STREET ADDRESS	
CITY & STATE		13.16 CITY & STATE	
OFFICER	NAME	13.17 OFFICER	☐ Change ☐ Addition
NAME		13.18 NAME	
STREET ADDRESS		13.19 STREET ADDRESS	
CITY & STATE		13.20 CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 191 (2) (b), 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. And I am an officer or director of the corporation or the removal or reinstatement of officers and directors registered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this filing. I do not report or certify information with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

**APPROVED
AND
FILED**

60 MAY 22 1994 23

RECEIVED
TAMPA, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # V37587 (5)

1. Corporation Name:
BADER PROSTHETICS AND ORTHOTICS, INC.

Principal Place of Business: **13810 MILL COVE CIRCLE
TAMPA FL 33624**
Mailing Address: **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		2a. Mailing Address		4. FEI Number		Applied For	
21. 12400 N. DALE HARRY		26. SUITE # 3		59-3126916		☐ Not Applicable	
22. TAMPA, FL		27. TAMPA, FL		5. Certificate of Status Defered		☐ \$8.75 Additional Fee Required	
23. 33618		28. USA		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
24. 33618		25. USA		7. The corporation has liability for intangible tax under S. 190.01, Florida Statutes.		☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

**BADER, WADE
13810 MILL COVE CIRCLE
TAMPA FL 33624**

10. Name and Address of New Registered Agent

81. Name:	
82. Street Address (P.O. Box Number is Not Acceptable):	
83. City:	
84. State:	FL
85. Zip Code:	

11. Pursuant to the provisions of sections 607.01(2) and 607.15(8), 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 607.05(5), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Agent-in-Charge)

(Signature of Registered Agent or Agent-in-Charge)

ATTEST

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	P BADER, WADE	1.1 NAME	☐ Change ☐ Addition
STREET ADDRESS	13810 MILL COVE CIRCLE	1.2 NAME	
CITY, ST, ZIP	TAMPA FL	1.3 STREET ADDRESS	
		1.4 CITY, ST, ZIP	
NAME		2.1 NAME	☐ Change ☐ Addition
STREET ADDRESS		2.2 NAME	
CITY, ST, ZIP		2.3 STREET ADDRESS	
		2.4 CITY, ST, ZIP	
NAME		3.1 NAME	☐ Change ☐ Addition
STREET ADDRESS		3.2 NAME	
CITY, ST, ZIP		3.3 STREET ADDRESS	
		3.4 CITY, ST, ZIP	
NAME		4.1 NAME	☐ Change ☐ Addition
STREET ADDRESS		4.2 NAME	
CITY, ST, ZIP		4.3 STREET ADDRESS	
		4.4 CITY, ST, ZIP	
NAME		5.1 NAME	☐ Change ☐ Addition
STREET ADDRESS		5.2 NAME	
CITY, ST, ZIP		5.3 STREET ADDRESS	
		5.4 CITY, ST, ZIP	
NAME		6.1 NAME	☐ Change ☐ Addition
STREET ADDRESS		6.2 NAME	
CITY, ST, ZIP		6.3 STREET ADDRESS	
		6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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 is a true and correct signature and that I am an officer or director of the corporation or the receiver or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, 2 or Block 13 of this form or on an office forward with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/95 (813) 962-6100

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

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
JENNIFER B. MONTGOMERY
Secretary of State
3000 APOLLO BLVD., SUITE 400
TALLAHASSEE, FLORIDA 32310-0001

MAY 22 1996 15

DOCUMENT # V38056

(0)

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

JORGE L. CUETO P.A.

DO NOT WRITE IN THIS SPACE

1. Principal Office Address 757 N.W. 27TH AVE. MIAMI FL 33125		2a. Mailing Address 757 N.W. 27TH AVE. MIAMI FL 33125	
2. Principal Office Telephone 35125	2b. Mailing Address Telephone 35125	3. Date of Incorporation / Qualification 05/21/1992	3a. Date of Last Report 04/19/1994
21. Principal Office Address 198 NW 37 AVE	26. Mailing Address 198 NW 37 AVE	4. FID Number 65-0349687	Applied Fee ☐ Not Applicable
22. Second Floor SECOND FLOOR	27. State Apartment 27	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23. Miami, Florida MIAMI, FLORIDA	28. City & State MIAMI, FL	6. Payable Corporation Fee ☐	\$5.00 May Be Added to Fees
24. 35125 35125	25. U.S. U.S.	29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.	8. This corporation has liability for intangible tax under S. 199.01, 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. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 199.01, 199.02, and 199.03, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the new address set forth in this State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am authorized to accept the appointment as registered agent. Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	CUETO, JORGE L.	1. NAME	☐ Change ☐ Addition
STREET ADDRESS	757 NW 27TH AVE.	2. NAME	☐ Change ☐ Addition
CITY	MIAMI FL	3. NAME	☐ Change ☐ Addition
STATE		4. NAME	☐ Change ☐ Addition
ZIP CODE		5. NAME	☐ Change ☐ Addition
1. NAME		6. NAME	☐ Change ☐ Addition
2. NAME		7. NAME	☐ Change ☐ Addition
3. NAME		8. NAME	☐ Change ☐ Addition
4. NAME		9. NAME	☐ Change ☐ Addition
5. NAME		10. NAME	☐ Change ☐ Addition
6. NAME		11. NAME	☐ Change ☐ Addition
7. NAME		12. NAME	☐ Change ☐ Addition
8. NAME		13. NAME	☐ Change ☐ Addition
9. NAME		14. NAME	☐ Change ☐ Addition
10. NAME		15. NAME	☐ Change ☐ Addition
11. NAME		16. NAME	☐ Change ☐ Addition
12. NAME		17. NAME	☐ Change ☐ Addition
13. NAME		18. NAME	☐ Change ☐ Addition
14. NAME		19. NAME	☐ Change ☐ Addition
15. NAME		20. NAME	☐ Change ☐ Addition
16. NAME		21. NAME	☐ Change ☐ Addition
17. NAME		22. NAME	☐ Change ☐ Addition
18. NAME		23. NAME	☐ Change ☐ Addition
19. NAME		24. NAME	☐ Change ☐ Addition
20. NAME		25. NAME	☐ Change ☐ Addition
21. NAME		26. NAME	☐ Change ☐ Addition
22. NAME		27. NAME	☐ Change ☐ Addition
23. NAME		28. NAME	☐ Change ☐ Addition
24. NAME		29. NAME	☐ Change ☐ Addition
25. NAME		30. NAME	☐ Change ☐ Addition
26. NAME		31. NAME	☐ Change ☐ Addition
27. NAME		32. NAME	☐ Change ☐ Addition
28. NAME		33. NAME	☐ Change ☐ Addition
29. NAME		34. NAME	☐ Change ☐ Addition
30. NAME		35. NAME	☐ Change ☐ Addition
31. NAME		36. NAME	☐ Change ☐ Addition
32. NAME		37. NAME	☐ Change ☐ Addition
33. NAME		38. NAME	☐ Change ☐ Addition
34. NAME		39. NAME	☐ Change ☐ Addition
35. NAME		40. NAME	☐ Change ☐ Addition
36. NAME		41. NAME	☐ Change ☐ Addition
37. NAME		42. NAME	☐ Change ☐ Addition
38. NAME		43. NAME	☐ Change ☐ Addition
39. NAME		44. NAME	☐ Change ☐ Addition
40. NAME		45. NAME	☐ Change ☐ Addition
41. NAME		46. NAME	☐ Change ☐ Addition
42. NAME		47. NAME	☐ Change ☐ Addition
43. NAME		48. NAME	☐ Change ☐ Addition
44. NAME		49. NAME	☐ Change ☐ Addition
45. NAME		50. NAME	☐ Change ☐ Addition
46. NAME		51. NAME	☐ Change ☐ Addition
47. NAME		52. NAME	☐ Change ☐ Addition
48. NAME		53. NAME	☐ Change ☐ Addition
49. NAME		54. NAME	☐ Change ☐ Addition
50. NAME		55. NAME	☐ Change ☐ Addition
51. NAME		56. NAME	☐ Change ☐ Addition
52. NAME		57. NAME	☐ Change ☐ Addition
53. NAME		58. NAME	☐ Change ☐ Addition
54. NAME		59. NAME	☐ Change ☐ Addition
55. NAME		60. NAME	☐ Change ☐ Addition
56. NAME		61. NAME	☐ Change ☐ Addition
57. NAME		62. NAME	☐ Change ☐ Addition
58. NAME		63. NAME	☐ Change ☐ Addition
59. NAME		64. NAME	☐ Change ☐ Addition
60. NAME		65. NAME	☐ Change ☐ Addition
61. NAME		66. NAME	☐ Change ☐ Addition
62. NAME		67. NAME	☐ Change ☐ Addition
63. NAME		68. NAME	☐ Change ☐ Addition
64. NAME		69. NAME	☐ Change ☐ Addition
65. NAME		70. NAME	☐ Change ☐ Addition
66. NAME		71. NAME	☐ Change ☐ Addition
67. NAME		72. NAME	☐ Change ☐ Addition
68. NAME		73. NAME	☐ Change ☐ Addition
69. NAME		74. NAME	☐ Change ☐ Addition
70. NAME		75. NAME	☐ Change ☐ Addition
71. NAME		76. NAME	☐ Change ☐ Addition
72. NAME		77. NAME	☐ Change ☐ Addition
73. NAME		78. NAME	☐ Change ☐ Addition
74. NAME		79. NAME	☐ Change ☐ Addition
75. NAME		80. NAME	☐ Change ☐ Addition
76. NAME		81. NAME	☐ Change ☐ Addition
77. NAME		82. NAME	☐ Change ☐ Addition
78. NAME		83. NAME	☐ Change ☐ Addition
79. NAME		84. NAME	☐ Change ☐ Addition
80. NAME		85. NAME	☐ Change ☐ Addition
81. NAME		86. NAME	☐ Change ☐ Addition
82. NAME		87. NAME	☐ Change ☐ Addition
83. NAME		88. NAME	☐ Change ☐ Addition
84. NAME		89. NAME	☐ Change ☐ Addition
85. NAME		90. NAME	☐ Change ☐ Addition
86. NAME		91. NAME	☐ Change ☐ Addition
87. NAME		92. NAME	☐ Change ☐ Addition
88. NAME		93. NAME	☐ Change ☐ Addition
89. NAME		94. NAME	☐ Change ☐ Addition
90. NAME		95. NAME	☐ Change ☐ Addition
91. NAME		96. NAME	☐ Change ☐ Addition
92. NAME		97. NAME	☐ Change ☐ Addition
93. NAME		98. NAME	☐ Change ☐ Addition
94. NAME		99. NAME	☐ Change ☐ Addition
95. NAME		100. NAME	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.01, 199.02, and 199.03, Florida Statutes. I further certify that the information is filed on the annual report or supplemental annual report or fee and is accurate and that my signature shall have the same legal effect and make void any certificate of incorporation of the corporation or the number of shares or securities issued to make this report as required by Sections 199.01, Florida Statutes, and that my name appears in Block A of Block 1 of a proper or an attached print with an address.

SIGNATURE: *Jorge Cueto* **5/5/95** **52-649-004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR