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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE:

V69688

(2)

PROSTHETIC AND ORTHOTIC REHABILITATION TECHNOLOGIES, INC.

FILED Feb 18 1998 8:00am Secretary of State



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2. Principal Place of Business 2s. Mesting Address 4. FF Number 1. Applied Fo 1. Applied For 1. A			1020 HARRISON AVE.			
3. Date incorporated or Qualified 10(05) 1992 21 25 25 25 25 27 25 27 27			PANAMA CITY FL 3240	1	DO NOT INDITE IN THIS SPACE	
2. Principal Place of Business 2s. Mediting Address 4. FET Number 3.popted For International Control Place 5. Certificate of Status Desired 5. Certificate 5. Certificate of Status Desired 5. Certificate						THO OF ACE
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Solid Apt #, etc. Suito Apt #, etc. Suito Apt #, etc. 27 27 27 28 30 5. Cartificate of Status Desired \$5.50.0 May Be Address of Current Registered Agent Suito Apt #, etc. Suito Apt #	21		·		₹	Not Applicable
City & State City & Country City		#, etc.				60 76 A LONG
City & State County 21	22		27		5. Certificate of Status Desired L	
Zip	City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
28 39 39 Personal Proporty Tex duo June 30 \$\frac{1}{2}\text{ fine } \frac{1}{2}\text{ No. Name and Address of Current Registered Agent } 10. Name and Address of New Registered Agent 10. Name and Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 10. Name and Name and Address of New Registered Agent					Trust Fund Contribution	
9. Name and Address of Current Registered Agent COTTRILL, QLENN E., JR. 1020 HARRISON AVE. PANAMA CITY FL 32401 88 Sirent Address (P.O. Box Number is Not Acceptable) 89 City FL 85 Zip Code 81. 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 register office or registered agent, or both, in the State of Florida: Such change was surhorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida: Such change was surhorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida: Statutes. SIGNATURE Signature 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 11 TITLE DELETE 11 TITLE DELETE 21 TITLE DELETE 21 TITLE DELETE 31 TITLE DE	_ `	Country	Zip	Country	8. This corporation owes or has paid the	
COTTRILL, GLENN E., JR. 1020 HARRISON AVE. PANAMA CITY FL 32401 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Parsuent to the provisions of Sections 607 0502 and 507 1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register of agent, or both, in the State of Florida: Statutes, the above-named corporation submits this statement for the purpose of changing its register agent. I am familiar with, and accept the obligations of, Section 607 0506, Florida Statutes. SIGNATURE 12 Note: 13 OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 14 THE 15 NAME 1707 SENECA AVE 13 STREET ADDRESS CITY-ST-ZIP THE 12 NAME 13 STREET ADDRESS CITY-ST-ZIP 14 THILE 15 THILE	24	1;_1		30		
The provision of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register agent. I am familiar with and accept the obligations of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register agent. I am familiar with and accept the obligations of Sections 677.050, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register agent. I am familiar with and accept the obligations of Sections 677.050, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIFFECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 12 II THE COTTRILL, QLENN E., JR. 12. OFFICERS AND DIFFECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 12 II THE COTTRILL, QLENN E., JR. 1707 SENECA AVE 13 SIRE! ADDRESS CITY-ST-2IP FANAMA CITY FL OFLETE 14 CITY-ST-2IP ITHE OFLETE 22 NAME 33 SIRE! ADDRESS CITY-ST-2IP TITLE OFLETE 31 THE OFLETE 33 SIRE! ADDRESS CITY-ST-2IP TITLE OFLETE 44 TITLE OFLETE 44 TITLE OFLETE 55 TITLE OFLE			ent Hegistered Agent	Bd Name	10. Name and Address of New Registe	red Agent
PANAMA CITY FL 32401 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 register of significant agent, or both, in the State of Forder Such diverge was authorized by the corporation's board of directors. Thereby accept the purpose of changing its register of special and territary with an accept the objection 607,0502, Florida Statutes, the above-named corporation's board of directors. Thereby accept the purpose of changing its register of the provisions of Sections 607,0502, Florida Statutes, the objective sequence of the provision of Section 607,0502, Florida Statutes, the objective sequence of the purpose of changing its register of the provisions to an objective. Thereby accept the purpose of changing its register of the purpose of change in				61 Name		
### City ### A City ##				B2 Street Ac	idress (P.O. Box Number is Not Acceptable)	
### City ###	PA	NAMA CITY FL 32401		82		
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 register agent. Term familiar with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature system or pointed name of registered wignif and title if application. OKOTE Registered Agent signature required when repetating) DATE	į			63		
11. Pursuant to the provisions of Sections 607 (SOZ and 607 (SOZ Florids Statutes office or registered appear), or both, in the State of Frontal Stoch change was authorized by the corporation's board of directors. I hereby accept the appointment as registere agent. I am familiar with, and accept the obligations of, Soction 607,0505, Florida Statutes				84 City	-	85 Zip Code
office or registered agent, or both, in the Strate of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registere agent. Team familiar with and accept the obligations of. Section 607.0505, Floridad Statutes. SIGNATURE Strate	44	the providing of Continue COZ Of	100 and 007 1500 Florida Otal			
SIGNATURE Signature, spread or permised reare of registered against and title of annihilation. (NOTE: Registered Against signature required when reinstating) DATE	office or re	egistered agent, or both, in the Sta	te of Florida. Such change was :	authorized by the corpo	ration's board of directors. I hereby accept the	appointment as registered
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12.		Signature tuned or printed page of transferred a	ment and title if environity (NV)	E. Begielerer Anant signature re-	outed when releated	TC
TITLE PD					•	
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13 STREET ADDRESS 1707 SENECA AVE	NAME	COTTRILL, GLENN E., JR.		12 NAME		
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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 ar	indicated (on this annual report or supplemen	ital annual report is true and acc	curate and that my signa	ture shall have the same legal effect as if made	e under oath; that I am an
officer or director of the corporation of the receiver or trustine 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.	officer or o	director of the corporation or the re	ceiver or trustee empowered to	execute this report as re	quired by Chapter 607, Florida Statutes; and the	hat my name appears in