2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2006
Secretary of State

DOCUMENT# L03000027783

Entity Name: FALK PROSTHETICS & ORTHOTICS, LLC

Current Principal Place of Business:

140 JUPITER LAKES BLVD
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

5180 WEST ATLANTIC AVE
116
DELRAY BEACH, FL 33484

New Mailing Address:

FEI Number: 20-2822112 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FALK, DAVID
5180 W. ATLANTIC AVE STE. 116
DELRAY BEACH, FL 33484 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: FALK PROSTHETICS & O, RTHOTICS, INC.
Address: 5180 W. ATLANTIC AVE STE. 116
City-St-Zip: DELRAY BEACH, FL 33484

Title: MGRM ( ) Delete
Name: PRICE, JEFFREY
Address: 12935 DRAYTON ROAD
City-St-Zip: JUNO BEACH, FL 33408

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DAVID FALK MGRM 01/11/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date