

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000085811

**FILED**  
**Apr 23, 2010**  
**Secretary of State**

**Entity Name:** GALLO PROSTHETIC & ORTHOTIC SOLUTIONS, LLC

**Current Principal Place of Business:**

4130 WOODMERE PARK BLVD  
SUITE 12  
VENICE, FL 34293 US

**New Principal Place of Business:**

**Current Mailing Address:**

4130 WOODMERE PARK BLVD  
SUITE 12  
VENICE, FL 34293 US

**New Mailing Address:**

**FEI Number:** 38-3804030

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FINANCIAL HOLDINGS, INC.  
2116 W. ST ISABEL STREET  
TAMPA, FL 33607 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:** MGR  
**Name:** FINANCIAL HOLDINGS, INC.  
**Address:** 2116 W. ST ISABEL STREET  
**City-St-Zip:** TAMPA, FL 33607 US

I hereby 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: BRAD A GALLO

PRES

04/23/2010

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