

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000085811

FILED  
May 01, 2012  
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:**

2116 W. SAINT ISABEL ST.  
TAMPA, FL 33607 US

**Current Mailing Address:**

4130 WOODMERE PARK BLVD  
SUITE 12  
VENICE, FL 34293 US

**New Mailing Address:**

2116 W. SAINT ISABEL ST.  
TAMPA, FL 33607 US

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: FINANCIAL HOLDINGS, INC. BRAD A GALLO PRES MGR 05/01/2012

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