2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000048528

FILED
Apr 12, 2006
Secretary of State

Entity Name: FLORIDA PROSTHETICS & ORTHOTICS, INC.

Current Principal Place of Business:

9981 SW 12 ST
MIAMI,, FL 33174

New Principal Place of Business:

Current Mailing Address:

9981 SW 12 ST
MIAMI,, FL 33174

New Mailing Address:

FEI Number: 04-3758854 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TORRES, ROLANDO
9981 SW 12 ST
MIAMI, FL., FL 33174 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: TORRES, ROLANDO
Address: 9981 SW 12 ST
City-St-Zip: MIAMI,, FL 33174 DA

Title: VP ( ) Delete
Name: TORRES, MAIDA
Address: 9981 SW 12 ST
City-St-Zip: MIAMI,, FL 33174 DA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAIDA TORRES VP 04/12/2006
Electronic Signature of Signing Officer or Director — Date