FILED Apr 16, 2007 8:00 am Secretary of State 04-16-2007 90084 026 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000077138 1. Entity Name ORTHOTIC AND PROSTHETIC EQUIPMENT CORPORATION							4	006344 ⁵		
Principal Place of Business Mailing Address										
2236 CORAL WAY 2236 CORAL WAY MIAMI, FL 33145 US MIAMI, FL 33145 US										
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2. Princips: Place of Business - No P.O. Box # 3. Mailing Address										
Suite, Apt. #, etc.				Suite, Apt. #, etc.		04112007	Chg-P	CR2E034 (12/06)	·	
City & State				City & State		4. FEI Numb			pplied For ot Applicable	
Zip	Countryi		у" _,	. Zip Coun		try	5. Certificat	e of Status Desired	S8.75 Ad	
6. Name and Address of Current Registered Agent						Mana	7. Name an	d Address of New R	egistered Agent	
LLANES, PEDROL						Name				
2236 CORAL WAY MIAMI, FL 33145						Street Address ((P.O. Box Numl	per is Not Acceptable	·)	
				•		City			FL Zip Cox	de
8. 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. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE_ Signature, typed or printed name of registered agent and tells if applicable. (HOTE: Registered Agent signature required when reliability) DATE										
FILE NOWIII FEE IS \$150.00 9. Election Campsign Financing \$5.00 May Be After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees										
10.	PSD		OFFICERS AND D		11.		ADDITIONS	CHANGES TO OFFE	CERS AND DIRECTOR	
NAME	PSD Delete TITE LLANES, PEDRO L. NAM					i			Change	☐ Addition
STREET ADORESS CITY-ST-ZIP						et adoress - St-20p				
TITLE	☐ Delets 7π					-			☐ Change	☐ Addition
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12 Lheraby c	ertify that the	informatic	on aupplied with the	it filing does not qualify to	or the exe		in Charter 115	Soulds State 14	mile a series of the series of	
12. I heraby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, Florida Statutes, I further certify that the information indicated on this report or supplied and accurate and that my 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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, which are the provinced in the province of the comparation of the context of the province of the comparation of the context of the province of the comparation of the context of the province of the comparation of the context of the province of the pr										
SIGNATURE: 4-11-07										
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deyand Promy 4										