

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000083643

**FILED
Jan 14, 2005
Secretary of State**

Entity Name: FALK PROSTHETICS & ORTHOTICS, INC.

Current Principal Place of Business:

5180 WEST ATLANTIC AVE
#116
DELRAY BEACH, FL 33484

New Principal Place of Business:

Current Mailing Address:

5180 WEST ATLANTIC AVE
#116
DELRAY BEACH, FL 33484

New Mailing Address:

FEI Number: 65-0785812 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FALK, DAVID L
6413 MELISSA WAY
LAKE WORTH, FL 33467 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: () Delete
Name: FALK, DAVID
Address: 6413 MELISSA WAY
City-St-Zip: LAKE WORTH, FL 33467

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

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 Section 119.07(3)(i), 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: DAVID FALK

01/14/2005

Electronic Signature of Signing Officer or Director

_____ Date