

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000083643

**FILED**  
**Apr 14, 2010**  
**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:**

FALK, DAVID L  
1000 SE ATLANTIC DRIVE  
LANTANA, FL 33462      US

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

04/14/2010

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title:              
Name:            FALK, DAVID  
Address:        1000 SE ATLANTIC DRIVE  
City-St-Zip:    LANTANA, FL 33462

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

I hereby 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 all other like empowered.

SIGNATURE: DAVID FALK

Electronic Signature of Signing Officer or Director

04/14/2010

Date