

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000088312

FILED  
Feb 28, 2012  
Secretary of State

**Entity Name:** COPELAND PROSTHETICS & RESEARCH, INC.

**Current Principal Place of Business:**

8001 N DALE MABRY HWY  
101  
TAMPA, FL 33614 US

**New Principal Place of Business:**

**Current Mailing Address:**

8001 N DALE MABRY HWY  
101  
TAMPA, FL 33614 US

**New Mailing Address:**

**FEI Number:** 59-3471150

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COPELAND, BILL G  
11801 MIDDLEBURY DR.  
TAMPA, FL 33626 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

**OFFICERS AND DIRECTORS:**

Title: VPT  
Name: COPELAND, BILL  
Address: 11801 MIDDLEBURY DR  
City-St-Zip: TAMPA, FL 33626

Title: PS  
Name: COPELAND, BILL  
Address: 11801 MIDDLEBURY DR  
City-St-Zip: TAMPA, FL 33626

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: BILL COPELAND

VPT

02/28/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date