

**2015 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F14000000296

**Entity Name:** LEVEL FOUR ORTHOTICS & PROSTHETICS, INC.**Current Principal Place of Business:**2534 EMPIRE DR  
WINSTON SALEM, NC 27103-6710**Current Mailing Address:**PO BOX 24905  
WINSTON SALEM, NC 27114-4905**FEI Number: 83-0359603****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**SERVICES, INC., NRAI  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** NRAI SERVICES, INC.**05/21/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                             |
|-----------------|-----------------------------|
| Title           | PRESIDENT                   |
| Name            | HISCOCK, RONALD G           |
| Address         | 2534 EMPIRE DR              |
| City-State-Zip: | WINSTON SALEM NC 27103-6710 |

|                 |                             |
|-----------------|-----------------------------|
| Title           | VICE PRESIDENT              |
| Name            | SAUNDERS, JAN A             |
| Address         | 2534 EMPIRE DR              |
| City-State-Zip: | WINSTON SALEM NC 27103-6710 |

|                 |                             |
|-----------------|-----------------------------|
| Title           | TREASURER                   |
| Name            | DI GIOVANNI, CARMEN         |
| Address         | 2534 EMPIRE DR              |
| City-State-Zip: | WINSTON SALEM NC 27103-6710 |

|                 |                             |
|-----------------|-----------------------------|
| Title           | SECRETARY                   |
| Name            | ROMANOSKI, VICKY A          |
| Address         | 2534 EMPIRE DR              |
| City-State-Zip: | WINSTON SALEM NC 27103-6710 |

*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:** JAN A SAUNDERS**VICE PRESIDENT****05/21/2015**

Electronic Signature of Signing Officer/Director Detail

Date