

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 520704

FILED
Apr 20, 2011
Secretary of State

Entity Name: WILLIAMS ORTHOTIC-PROSTHETIC, INC.

Current Principal Place of Business:

2360 CENTERVILLE RD.
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

2360 CENTERVILLE RD.
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-1710015

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, RICHARD C., JR.
2360 CENTERVILLE ROAD
TALLAHASSEE, FL 32308 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: P
Name: WILLIAMS, RICHARD C.JR.
Address: 9042 OLD CHEMONIE ROAD
City-St-Zip: TALLAHASSEE, FL 32309

Title: ST
Name: WILLIAMS, JOANNE O.
Address: 333 RUGER CT
City-St-Zip: TALLAHASSEE, FL 32309

Title: VP
Name: WILLIAMS, CATHERINE N
Address: 9042 OLD CHEMONIE ROAD
City-St-Zip: TALLAHASSEE, FL 32308

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: CATHERINE N. WILLIAMS

VP

04/20/2011

Electronic Signature of Signing Officer or Director

Date