

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F45653

FILED  
Mar 14, 2011  
Secretary of State

**Entity Name:** TREASURE COAST PROSTHETICS AND ORTHOTICS SERVICES, INC.

**Current Principal Place of Business:**

1645 20TH STREET  
VERO BEACH, FL 32960

**New Principal Place of Business:**

**Current Mailing Address:**

1645 20TH STREET  
VERO BEACH, FL 32960

**New Mailing Address:**

FEI Number: 59-2127549

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BUFFINGTON, BRUCE W PRES  
1645-20TH STREET  
VERO BEACH, FL 32960 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: VST  
Name: BUFFINGTON, VALERIE  
Address: 1645-20TH STREET  
City-St-Zip: VERO BEACH, FL 32960

Title: P  
Name: BUFFINGTON, BRUCE  
Address: 1645-20TH STREET  
City-St-Zip: VERO BEACH, FL 32960

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: VALERIE BUFFINGTON

VP

03/14/2011

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

\_\_\_\_\_ Date