2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2011
Secretary of State

DOCUMENT# F50095

Entity Name: ORTHOTIC & PROSTHETIC CENTER OF ST. PETERSBURG, INC.

Current Principal Place of Business:

3611 5TH AVENUE NORTH
ST PETERSBURG, FL 33713

New Principal Place of Business:

Current Mailing Address:

3611 5TH AVENUE NORTH
ST PETERSBURG, FL 33713

New Mailing Address:

FEI Number: 59-2139250 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEOTT, PAUL C
3611 5TH AVE N
SAINT PETERSBURG, FL 33713 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: PD
Name: WEOTT, PAUL C
Address: 13516 5TH AVENUE NE
City-St-Zip: BRADENTON, FL 34212

Title: T
Name: WEOTT, LISA A
Address: 13516 5TH AVE
City-St-Zip: BRADENTON, FL 34212

Title: CFO
Name: HOLINSKY, TERRY
Address: 12025 THORNHILL CT
City-St-Zip: LAKEWOOD RANCH, FL 34202

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: PAUL C WEOTT PRES 03/14/2011

Electronic Signature of Signing Officer or Director Date