

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F50095

FILED
Feb 20, 2012
Secretary of State

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: 723 FOGGY MORN LN
City-St-Zip: BRADENTON, FL 34212

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 WEOTT

PRES

02/20/2012

Electronic Signature of Signing Officer or Director

Date