2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004038

Entity Name: ORTHOTIC REHABILITATION PRODUCTS, INC.

FILED Jan 07, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
7002 E. BF TAMPA, F	ROADWAY L 33619				
Current Mailing Address:			New Mailing Address:		
7002 E. BF TAMPA, F	ROADWAY L 33619				
FEI Number:	: 74-2917720	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
SZCZESN 7002 E. BF TAMPA, F	RÓADWAY	JS			
	named entity e of Florida.	submits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Age	nt	Date	
Election Car	mpaign Financii	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MORRISON,	ROAD SUITE B-1	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	GOWEN, MAF	ROAD SUITE B-1	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TATE, TIM	X) Delete ROAD SUITE B-1 450	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARK GOWEN V 01/07/2008