

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F99000004038

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** ORTHOTIC REHABILITATION PRODUCTS, INC.

**Current Principal Place of Business:**

7002 E. BROADWAY  
TAMPA, FL 33619

**New Principal Place of Business:**

**Current Mailing Address:**

7002 E. BROADWAY  
TAMPA, FL 33619

**New Mailing Address:**

19407 PARK ROW  
SUITE 200  
HOUSTON, TX 77084

**FEI Number:** 74-2917720

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SZCZESNY, BOB  
7002 E. BROADWAY  
TAMPA, FL 33619 US

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

MORRISON, GEORGE  
7002 E. BROADWAY  
TAMPA, FL 33619 US

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: GEORGE MORRISON

04/19/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PCD  
Name: MORRISON, GEORGE  
Address: 830 MASON ROAD SUITE B-1  
City-St-Zip: KATY, TX 77450

Title: VSTD  
Name: GOWEN, MARK  
Address: 830 MASON ROAD SUITE B-1  
City-St-Zip: KATY, TX 77450

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: GEORGE MORRISON

PRES

04/19/2011

Electronic Signature of Signing Officer or Director

Date