

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G65023

**FILED**  
**Jan 27, 2011**  
**Secretary of State**

**Entity Name:** ORTHOTIC TECHNICAL SUPPLY CORP.

**Current Principal Place of Business:**

220 MERRIMON AVENUE  
WEAVERVILLE, NC 28787

**New Principal Place of Business:**

**Current Mailing Address:**

220 MERRIMON AVENUE  
WEAVERVILLE, NC 28787 US

**New Mailing Address:**

**FEI Number:** 59-2334772

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE - STE. 4  
WESTON, FL 33331 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: PRES  
Name: DRIVER, KEN B  
Address: 220 MERRIMON AVE  
City-St-Zip: WEAVERVILLE, NC 287879201 US

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: KENNETH DRIVER

CP

01/27/2011

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

\_\_\_\_\_  
Date