2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 22, 2008 8:00 am Secretary of State **DOCUMENT # G69547** 01-22-2008 90052 024 ***150.00 COASTAL ORTHOTICS AND PROSTHETICS, CORP. Principal Place of Business Mailing Address 510 SW PORT SAINT LUCIE BLVD 510 SW PORT SAINT LUCIE BLVD 10000,000 PORT SAINT LUCIE, FL 34953 PORT SAINT LUCIE, FL 34953 01162008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied F 59-2347218 Not Applic \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent PERRETTA, JOSEPH DO NOT WRITE 510 SW PORT SAINT LUCIE BLVD PORT SAINT LUCIE, FL 34953 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE PERRETTA, JOSEPH NAME 510 SW PORT SAINT LUCIE BLVD STREET ADDRESS CITY-ST-ZIP PORT SAINT LUCIE, FL 34953 TITLE NAME STREET ADDRESS CITY-ST-ZIP TIT) F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12.) hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if

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NAME STREET ADDRESS CITY-ST-7IP

16 JAN 08 (772)871.9200

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