

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G80699

FILED
Mar 03, 2010
Secretary of State

Entity Name: DADE PROSTHETICS & ORTHOTICS, INC.

Current Principal Place of Business:

4714 GETTYSBURG ROAD
MECHANICSBURG, PA 17055 US

New Principal Place of Business:

Current Mailing Address:

4714 GETTYSBURG ROAD
LEGAL
MECHANICSBURG, PA 17055 US

New Mailing Address:

FEI Number: 59-2394368 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPD
Name: ORTENZIO, ROCCO A
Address: 4714 GETTYSBURG ROAD
City-St-Zip: MECHANICSBURG, PA 17055

Title: VPS
Name: TARVIN, MICHAEL E
Address: 4714 GETTYSBURG ROAD
City-St-Zip: MECHANICSBURG, PA 17055

Title: CP
Name: ORTENZIO, ROBERT A
Address: 4714 GETTYSBURG ROAD
City-St-Zip: MECHANICSBURG, PA 17055

Title: VP
Name: RICE, PATRICIA A
Address: 4714 GETTYSBURG ROAD
City-St-Zip: MECHANICSBURG, PA 17055

Title: VP
Name: DUGGAN, JOHN F
Address: 4714 GETTYSBURG ROAD
City-St-Zip: MECHANICSBURG, PA 17055

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: MICHAEL E TARVIN

VPS

03/03/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date