

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H96645

FILED
Jan 04, 2011
Secretary of State

Entity Name: GARRISON'S PROSTHETIC SERVICE, INC.

Current Principal Place of Business:

17184 N.E. 19TH AVENUE
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

17184 N.E. 19TH AVENUE
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 59-2634748

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARRISON, KEVIN S
17184 N.E. 19TH AVENUE
NORTH MIAMI BEACH, FL 33162 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: GARRISON, KEVIN S
Address: 3165 WINDMILL RANCH ROAD
City-St-Zip: WESTON, FL 33331

Title: VP
Name: GARRISON, CATHELINE
Address: 3165 WINDMILL RANCH RD
City-St-Zip: WESTON, FL 33331

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: KEVIN S. GARRISON

PRES

01/04/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date