

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J76390

FILED
Apr 30, 2012
Secretary of State

Entity Name: SON LIFE PROSTHETICS AND ORTHOTICS, INC.

Current Principal Place of Business:

6111 DELTONA BLVD
SPRING HILL, FL 34606 US

New Principal Place of Business:

Current Mailing Address:

6111 DELTONA BLVD
SPRING HILL, FL 34606 US

New Mailing Address:

FEI Number: 59-2813168 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GORIS, LYNN G
6111 DELTONA BLVD
SPRING HILL, FL 34606 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: P
Name: GORIS, DAVID S
Address: 6111 DELTONA BLVD
City-St-Zip: SPRING HILL, FL 34606 UN

Title: S
Name: GORIS, LYNN G
Address: 6111 DELTONA BLVD
City-St-Zip: SPRING HILL, FL 34606 UN

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: LYNN G GORIS

S

04/30/2012

Electronic Signature of Signing Officer or Director

Date