

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019856

FILED
Jan 07, 2004
Secretary of State

Entity Name: COASTAL PROSTHETICS AND ORTHOTICS, LLC

Current Principal Place of Business:

9510 BONITA BEACH ROAD
SUITE 101
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

PO BOX 2346
BONITA SPRINGS, FL 341332346

New Mailing Address:

FEI Number: 16-1632270

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IACONO, PETER J
4001 N TAMiami TRAIL, SUITE 250
C/O BOND, SCHOENECK & KING
NAPLES, FL 34103 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

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: CALCAGNO, MARCO T
Address: 6891 ESTERO BLVD., UNIT 313
City-St-Zip: FT. MYERS BEACH, FL 33931

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARCO T CALCAGNO

MGR

01/07/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date