2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2006
Secretary of State

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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:

1340 BRENTWOOD PARKWAY
FT. MYERS, FL 33919

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/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CALCAGNO, MARCO T
Address: 1340 BRENTWOOD PARKWAY
City-St-Zip: FT. MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 03/01/2006

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