2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2007
Secretary of State

DOCUMENT# L05000015772

Entity Name: INTERCOASTAL ORTHOTICS & PROSTHETICS LLC

Current Principal Place of Business:

602 INDIAN RIVER BLVD.
SUITE 4
EDGEWATER, FL 32141 US

New Principal Place of Business:

Current Mailing Address:

602 INDIAN RIVER BLVD.
SUITE 4
EDGEWATER, FL 32141 US

New Mailing Address:

FEI Number: 33-1111676 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MOWERY, TOM H SR.
4972 NW 45TH RD
APT. 104
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

MOWERY, TOM H SR.
114 AZALEA RD
EDGEWATER, FL 32141 US

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: TOM MOWERY 05/22/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MOWERY, TOM H SR.
Address: 4972 NW 45TH RD APT. 104
City-St-Zip: GAINESVILLE, FL 32606 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MOWERY, TOM H SR.
Address: 114 AZALEA RD
City-St-Zip: EDGEWATER, FL 32141 US

I hereby certify that the information supplied with this filing does not qualify 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: TOM MOWERY MGR 05/22/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date