2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2007
Secretary of State

DOCUMENT# L06000032823

Entity Name: ORTHOTICS CHOICE, LLC

Current Principal Place of Business:

451 E. AIRPORT ROAD
SANFORD, FL 32771

New Principal Place of Business:

451 E. AIRPORT BLVD.
SANFORD, FL 32773

Current Mailing Address:

451 E. AIRPORT ROAD
SANFORD, FL 32771

New Mailing Address:

451 E. AIRPORT BLVD.
SANFORD, FL 32773

FEI Number: 20-4595562 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BOYLE, JOSEPH
451 E. AIRPORT ROAD
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

BOYLE, JOSEPH
451 E. AIRPORT BLVD.
SANFORD, FL 32773 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: _____ 01/08/2007
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BOYLE, JOSEPH
Address: 451 E. AIRPORT ROAD
City-St-Zip: SANFORD, FL 32771

Title: MGR ( ) Delete
Name: NALLEY, MARK
Address: 451 E. AIRPORT ROAD
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES:

Title: DR (X) Change ( ) Addition
Name: BOYLE, JOSEPH
Address: 451 E. AIRPORT BLVD
City-St-Zip: SANFORD, FL 32773

Title: MGR (X) Change ( ) Addition
Name: NALLEY, MARK
Address: 451 E. AIRPORT BLVD
City-St-Zip: SANFORD, FL 32773

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: JOSEPH BOYLE DR 01/08/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date