

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000107617

Entity Name: PROSTHETICS 101, LLC

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

4834 BEEFEATERS ROAD
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

Current Mailing Address:

4834 BEEFEATERS ROAD
JACKSONVILLE, FL 32210 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORMAN, TODD K
37 NORTH ORANGE AVENUE
SUITE 200
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

NORTON, TODD J
4834 BEEFEATERS RD.
JACKSONVILLE, FL 32210 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: TODD J NORTON

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NORTON, TODD
Address: 4834 BEEFEATERS ROAD
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: MGRM () Delete
Name: JENKINS, JAMES
Address: 4834 BEEFEATERS ROAD
City-St-Zip: JACKSONVILLE, FL 32210 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: JENKINS, JAMES
Address: 2035 EUCLID ST.
City-St-Zip: JACKSONVILLE, FL 32210 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: TODD J. NORTON

MGRM

04/29/2008

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