2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2009
Secretary of State

DOCUMENT# L08000098467

Entity Name: NEWBOLD PROSTHETICS, LLC

Current Principal Place of Business:

12810 QUAIL LAKE DRIVE
CLERMONT, FL 34711

New Principal Place of Business:

1635 7TH STREET SW
WINTER HAVEN, FL 33880

Current Mailing Address:

12810 QUAIL LAKE DRIVE
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 26-3628043 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SAMMONS, ROBERT O
1556 SIXTH STREET SE
WINTER HAVEN, FL 338804509 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: MGRM ( ) Delete
Name: NEWOLD, CLEMENT
Address: 12810 QUAIL LAKE DRIVE
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: NEWOLD, CLEMENT B III
Address: 12810 QUAIL LAKE DRIVE
City-St-Zip: CLERMONT, FL 34711

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: CLEMENT B. NEWBOLD III MGRM 01/10/2009

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