

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000039516

FILED
Jun 25, 2010
Secretary of State

Entity Name: NORTH FLORIDA ORTHOTICS LLC

Current Principal Place of Business:

4615-B N W 53RD AVE
GAINESVILLE, FL 32608

New Principal Place of Business:

4615-B N W 53RD AVE
GAINESVILLE, FL 32653

Current Mailing Address:

P O BOX 959
FORT WHITE, FL 32038

New Mailing Address:

FEI Number: 26-4730977

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SEMBOWER, WILLIAM T
880 N MAIN ST
BUSHNELL, FL 33513 US

Name and Address of New Registered Agent:

KIRKLAND, MARCIA
4615-B NW 53RD AVE
GAINESVILLE, FL 32653 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: MARCIA KIRKLAND

06/25/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: MARCIA, KIRKLAND
Address: 4615-B N W 53RD AVE
City-St-Zip: GAINESVILLE, FL 32608

I hereby 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: MARCIA KIRKLAND

MGR

06/25/2010

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