

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000039516

FILED
Apr 27, 2011
Secretary of State

Entity Name: NORTH FLORIDA ORTHOTICS LLC

Current Principal Place of Business:

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

New Principal Place of Business:

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:

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

04/27/2011

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