

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000119902

FILED  
May 28, 2010  
Secretary of State

**Entity Name:** NATURAL PROSTHETICS, LLC

**Current Principal Place of Business:**

5304 MANATEE AVENUE WEST  
BRADENTON, FL 34209

**New Principal Place of Business:**

**Current Mailing Address:**

5304 MANATEE AVENUE WEST  
BRADENTON, FL 34209

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

OZARK, DAMIAN M  
2816 MANATEE AVE WEST  
BRADENTON, FL 34205    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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: JENSEN, DAVID W  
Address: 5304 MANATEE AVE WEST  
City-St-Zip: BRADENTON, FL 34209

Title: MGRM  
Name: GRIMES, ERIC T  
Address: 4011 26TH STREET W  
City-St-Zip: BRADENTON, FL 34205

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: DAVID W. JENSEN

MGRM

05/28/2010

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