

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000018143

FILED
Apr 08, 2011
Secretary of State

Entity Name: PROSTHETICS AND ORTHOTICS OF FLORIDA, LLC

Current Principal Place of Business:

12296 WINDTREE BLVD
SEMINOLE, FL 33772

New Principal Place of Business:

Current Mailing Address:

12296 WINDTREE BLVD
SEMINOLE, FL 33772

New Mailing Address:

FEI Number: 27-1937042

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LITTLE, MICHAEL G
911 CHESTNUT ST
CLEARWATER, FL 33756 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: FROUNFELTER, CARY
Address: 12296 WINDTREE BLVD
City-St-Zip: SEMINOLE, FL 33772

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: CARY FROUNFELTER

MGR

04/08/2011

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