

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000044036

**FILED
Jun 09, 2011
Secretary of State**

Entity Name: BAY QUALITY PROSTHETICS, LLC

Current Principal Place of Business:

930 MAR WALL DRIVE SUITE D
FT. WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

PO BOX 1364
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 27-2373813 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

COTTRILL, GLENN
930 MAR WALL DRIVE SUITE D
FT. WALTON BEACH, FL 32547 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
Name: COTTRILL, GLENN
Address: 930 MAR WALL DRIVE SUITE D
City-St-Zip: FT. WALTON BEACH, FL 32547

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: GLENN COTTRILL MGRM 06/09/2011

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