

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000069356

FILED  
Aug 28, 2012  
Secretary of State

**Entity Name:** ANCHOR PROSTHETIC SUPPLIES, LLC

**Current Principal Place of Business:**

3916 W SOUTH AVE  
TAMPA, FL 33614 US

**New Principal Place of Business:**

**Current Mailing Address:**

3916 W SOUTH AVE  
TAMPA, FL 33614 US

**New Mailing Address:**

FEI Number: 45-1779932      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SHEAFFER, BENJAMIN R III  
3916 W SOUTH AVE  
TAMPA, FL 33614 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: SHEAFFER, BENJAMIN R III  
Address: 3916 W SOUTH AVE  
City-St-Zip: TAMPA, FL 33614

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: BENJAMIN R. SHEAFFER      MGR      08/28/2012

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