2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N02000005811

Entity Name: DIGITAL RESOURCE FOUNDATION FOR THE ORTHOTICS AND PROSTHETICS COMMUNITY, INC.

Current Principal Place of Business:

6800 NW 9TH BLVD, STE 3
GAINESVILLE, FL 32605

New Principal Place of Business:

6800 NW 9TH BLVD,
SUITE 3
GAINESVILLE, FL 32605

Current Mailing Address:

6800 NW 9TH BLVD, STE 3
GAINESVILLE, FL 32605

New Mailing Address:

P.O. BOX 1400
MILAN, OH 44846

FEI Number: 47-0881458 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRUSAKOWSKI, PAUL E
5204 SW 79 TERR
GAINESVILLE, FL 32608 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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PRUSAKOWSKI, PAUL E
Address: 6800 NW 9TH BLVD, STE 3
City-St-Zip: GAINESVILLE, FL 32605

Title: D ( ) Delete
Name: SHINN, JONATHAN
Address: 6800 NW 9TH BLVD, STE 3
City-St-Zip: GAINESVILLE, FL 32605

Title: D ( ) Delete
Name: NOVOTNY, MARY
Address: 2115 WOODMERE DR
City-St-Zip: KNOXVILLE, TN 37920

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL E. PRUSAKOWSKI D 04/16/2009

Electronic Signature of Signing Officer or Director — Date