

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003763

FILED
Jan 16, 2009
Secretary of State

Entity Name: ORTHOTIC & PROSTHETIC TECHNOLOGICAL ASSOCIATION INC.

Current Principal Place of Business:

815-B NORTH MAIN ST.
HAVANA, FL 32333

New Principal Place of Business:

Current Mailing Address:

815-B NORTH MAIN ST.
HAVANA, FL 32333

New Mailing Address:

FEI Number: 56-2454224

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WICKMAN, ANTHONY
815-B NORTH MAIN ST.
HAVANA, FL 32333 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: PD () Delete
Name: PANANCIULMAN, PETER
Address: 4006 N AVERS AVE
City-St-Zip: CHICAGO, IL 60618

Title: SD () Delete
Name: HILL, STEVE
Address: 735 N. FORK RD
City-St-Zip: BARNARDSVILLE, NC 28709

Title: TD () Delete
Name: WICKMAN, ANTHONY
Address: 815-B N MAIN ST
City-St-Zip: HAVANA, FL 32333

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: ANTHONY WICKMAN

TD

01/16/2009

Electronic Signature of Signing Officer or Director

Date