

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000003763

**FILED**  
**Mar 03, 2011**  
**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  
Name: MYRDAL, PAT  
Address: 837 SARGENT AVENUE  
City-St-Zip: WINNIPEG,, MB R3E 031 CA

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

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

I hereby 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 all other like empowered.

SIGNATURE: ANTHONY WICKMAN\BG

TD

03/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date