2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# N26499

Entity Name: NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF ORTHOTICS AND PROSTHETICS, INC.

Current Principal Place of Business:

1501 M STREET, NW
7TH FLOOR
WASHINGTON, DC 20005

New Principal Place of Business:

Current Mailing Address:

1501 M STREET, NW
7TH FLOOR
WASHINGTON, DC 20005

New Mailing Address:

FEI Number: 58-1854805 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FINNIESTON, ALAN R CPO
C/O ARTHUR FINNIESTON CLINIC
2480 W. 82ND ST. STE 8
HIALEAH, FL 33016 US

Name and Address of New Registered Agent:

PRUSAKOWSKI, PAUL E CPO
C/O GAINESVILLE PROSTHETICS
6800 NW 9TH BLVD, SUITE 3
GAINESVILLE, FL 32605 US

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: PAUL E. PRUSAKOWSKI 02/16/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: STD ( ) Delete
Name: FINNIESTON, ALAN R C.P.O.
Address: 2480 W 82ND ST. STE 8
City-St-Zip: HIALEAH, FL 33016

Title: D ( ) Delete
Name: THOMAS, PETER W
Address: 1501 M ST, NW 7TH FLOOR
City-St-Zip: WASHINGTON, DC 200051700

Title: D ( ) Delete
Name: BREECE, GEORGE W
Address: 1501 M ST NW, 7TH FLOOR
City-St-Zip: WASHINGTON, DC 200051700

Title: D ( ) Delete
Name: GUTH, THOMAS
Address: 1647 UNIVERSITY AVENUE
City-St-Zip: SAN DIEGO, CA 92115

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change ( ) Addition
Name: PRUSAKOWSKI, PAUL E C.P.O.
Address: 6800 NW 9TH BLVD, SUITE 3
City-St-Zip: GAINESVILLE, FL 32605

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: GEORGE W. BREECE D 02/16/2009
Electronic Signature of Signing Officer or Director — Date