## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000093125

City-St-Zip:

TIERRA VERDE, FL 33715

Entity Name: MANATEE PROSTHETICS AND ORTHOTICS, INC.

FILED Jan 17, 2006 Secretary of State

| Current Principal Place of Business:          |  |                                 | New Principal Place o              | New Principal Place of Business:             |  |
|---|--|---------------------------------|------------------------------------|--|--|
| SUITE 300                                     | IATEE AVE. W<br>O<br>TON, FL 34209     |                                 |                                    |  |  |
| Current Mailing Address:                      |  |                                 | New Mailing Address                | New Mailing Address:                         |  |
| SUITE 300                                     | IATEE AVE. W<br>)<br>TON, FL 34209     |                                 |                                    |  |  |
| FEI Number                                    | : 59-3744784                           | FEI Number Applied For ( )      | FEI Number Not Applicable ( )      | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: |  |                                 | Name and Address of                | Name and Address of New Registered Agent:    |  |
|   | 'ITRAY<br>LLAS BAYWAY<br>'ERDE, FL 337 |                                 |                                    |  |  |
|   | e named entity s<br>e of Florida.      | ubmits this statement for the p | ourpose of changing its registered | I office or registered agent, or both,       |  |
| SIGNATU                                       | RE:                                    |                                 |                                    |  |  |
|   | Electron                               | c Signature of Registered Age   | ent                                | Date   |  |
| Election Ca                                   | mpaign Financing                       | Trust Fund Contribution ( ).    |                                    |  |  |
| OFFICERS AND DIRECTORS:                       |  |                                 | ADDITIONS/CHANGE                   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:                   | D ()<br>HAGMAN, JOHN<br>1156 2ND AVE S |                                 | Title:<br>Name:<br>Address:        | ( ) Change ( ) Addition                      |  |

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN NYITRAY RA 01/17/2006