

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000012371

FILED
Apr 09, 2010
Secretary of State

Entity Name: GAINESVILLE ORTHOTIC THERAPY, INC.

Current Principal Place of Business:

C/O STEPHEN C. FIGLEY
6800 N.W. 9TH BOULEVARD, SUITE 3
GAINESVILLE, FL 32607

New Principal Place of Business:

C/O STEPHEN C. FIGLEY
6800 N.W. 9TH BOULEVARD, SUITE 3
GAINESVILLE, FL 32605

Current Mailing Address:

C/O STEPHEN C. FIGLEY
1511 N.W. 89TH TERRACE
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 06-1673557 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FIGLEY, JOANNA L
1511 N.W. 89TH TERRACE
GAINESVILLE, FL 32606 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D
Name: FIGLEY, STEPHEN C
Address: 1511 N.W. 89TH TERRACE
City-St-Zip: GAINESVILLE, FL 32606

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEPHEN C. FIGLEY

D

04/09/2010

Electronic Signature of Signing Officer or Director

Date