

# **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000111348

Entity Name: E-LIMB-INATORS, INC.

**FILED**  
**Sep 18, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

8198 232ND STREET  
O BRIEN, FL 32071

**New Principal Place of Business:**

**Current Mailing Address:**

8198 232ND STREET  
O BRIEN, FL 32071

**New Mailing Address:**

FEI Number: 75-3132149

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JENKINS, SUSAN M  
8198 232ND STREET  
O BRIEN, FL 32071 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: P  
Name: HUDSON, GLENDA  
Address: 8330 232ND STREET  
City-St-Zip: O BRIEN, FL 32071

Title: VP  
Name: HUDSON, GLENDA S  
Address: 8330 232ND STREET  
City-St-Zip: O BRIEN, FL 32071

Title: D  
Name: MASSEY, JAMES A  
Address: 9563 180TH STREET  
City-St-Zip: MCALPIN, FL 32064

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: GLENDA S. HUDSON

PRES

09/18/2012

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

\_\_\_\_\_  
Date