

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000035080

FILED
Jan 27, 2011
Secretary of State

Entity Name: CAPE ORTHOPEDIC SUPPLY & CONSULTING, INC.

Current Principal Place of Business:

8553 SW AVIARY RD
ARCADIA, FL 34269 US

New Principal Place of Business:

5561 ROSEHILL RD
SARASOTA, FL 34233 US

Current Mailing Address:

8553 SW AVIARY RD
ARCADIA, FL 34269 US

New Mailing Address:

5561 ROSEHILL RD
SARASOTA, FL 34233 US

FEI Number: 42-1662566

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATZ, NICHOLAS J
8553 SW AVIARY RD
ARCADIA, FL 34269 US

Name and Address of New Registered Agent:

BATZ, NICHOLAS J
5561 ROSEHILL RD
SARASOTA, FL 34233 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: NICHOLAS BATZ

01/27/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: BATZ, NICHOLAS J
Address: 5561 ROSEHILL RD
City-St-Zip: SARASOTA, FL 34233 US

Title: VP
Name: BATZ, NICHOLAS J
Address: 5561 ROSEHILL RD
City-St-Zip: SARASOTA, FL 34233 US

Title: T
Name: BATZ, NICHOLAS J
Address: 5561 ROSEHILL RD
City-St-Zip: SARASOTA, FL 34233 US

Title: S
Name: BATZ, NICHOLAS J
Address: 5561 ROSEHILL RD
City-St-Zip: SARASOTA, FL 34233 US

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: NICHOLAS BATZ

P

01/27/2011

Electronic Signature of Signing Officer or Director

Date