

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000085480

FILED
May 10, 2006
Secretary of State

Entity Name: PROSTHETIC & ORTHOTIC SERVICES, INC.

Current Principal Place of Business:

256 NOKOMIS AVE
STE 4
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

PO BOX 1521
VENICE, FL 34284

New Mailing Address:

FEI Number: 20-2992535

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALLO, MORRIS G
256 NOKOMIS AVE
STE 4
VENICE, FL 34285 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GALLO, MORRIS G
Address: 256 NOKOMIS AVE
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GALLO, BRAD A
Address: PO BOX 1521
City-St-Zip: VENICE, FL 34284

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: BRAD A. GALLO

PRES

05/10/2006

Electronic Signature of Signing Officer or Director

Date