## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000026375

**FILED** Apr 03, 2007 Secretary of State

Entity Name: ORTHOTIC AND PROSTHETIC CENTER OF SOUTH FLORIDA INC.

**Current Principal Place of Business: New Principal Place of Business:** 

3521 W. BOYNTON BEACH BLVD. 900 NW 13TH STREET. BOYNTON BEACH, FL 33436

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BOCA RATON, FL 33436

**Current Mailing Address: New Mailing Address:** 

900 NW 13TH STREET 3521 W. BOYNTON BEACH BLVD. BOYNTON BEACH, FL 33436

BOCA RATON, FL 33436

FEI Number: 20-4359881 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: PRFS (X) Change ( ) Addition

SELLECK, MARK SELLECK, MARK T PRES Name: Name: 3521 W. BOYNTON BEACH BLVD. 900 NW 13TH STRRET Address: Address: City-St-Zip: BOYNTON BEACH, FL 33436 City-St-Zip: BOCA RATON, FL 33436

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: MARK SELLECK **PRES** 04/03/2007