2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2011
Secretary of State

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Entity Name: CERTIFIED ORTHOTICS AND PROSTHETICS INTERNATIONAL, INCORPORATED

Current Principal Place of Business:

2950 N. PALM AIRE DRIVE
#307
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

2950 N. PALM AIRE DRIVE
#307
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 01-0860702 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EDWARDS, KATHY A.
2950 N. PALM AIRE DRIVE
307
POMPANO BEACH, FL 33069 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: D
Name: EDWARDS, KATHY A.
Address: 2950 N. PALM AIRE DR., #307
City-St-Zip: POMPANO BEACH, FL 33069

Title: D
Name: EDWARDS, DAVID W.
Address: 2950 N. PALM AIRE DR., #307
City-St-Zip: POMPANO BEACH, FL 33069

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: KATHY A. EDWARDS PRES 03/13/2011

Electronic Signature of Signing Officer or Director — Date