2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# P07000062160

Entity Name: VITAL PROSTHETICS, INC.

Current Principal Place of Business:

4299 3RD AVENUE
MARIANNA, FL 32446 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 430
MARIANNA, FL 32447 US

New Mailing Address:

FEI Number: 26-0284675 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHMORR, STEPHANIE J
36750 US HWY 19 N.
3026
PALM HARBOR, FL 34684 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P,D ( ) Delete
Name: PETERSEN, DALE E JR.
Address: P.O. BOX 181072
City-St-Zip: TALLAHASSEE, FL 32318 US

Title: VP,D ( ) Delete
Name: PETERSEN, MARTHA G
Address: P.O. BOX 181072
City-St-Zip: TALLAHASSEE, FL 32318 US

Title: S,T ( ) Delete
Name: SCHMORR, STEPHANIE J
Address: 36750 US HWY N., # 3026
City-St-Zip: PALM HARBOR, FL 34684 US

Title: D ( ) Delete
Name: SCHMORR, STEPHANIE J
Address: 36750 US HWY N., # 3026
City-St-Zip: PALM HARBOR, FL 34684 US

Title: D ( ) Delete
Name: SCHMORR, MICHAEL J
Address: 36750 US HWY N., # 3026
City-St-Zip: PALM HARBOR, FL 34684 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: STEPHANIE J SCHMORR SD 04/16/2009

Electronic Signature of Signing Officer or Director — Date