2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# P07000106795

Entity Name: WESTCOAST PROSTHETICS, INC.

Current Principal Place of Business:

6417 GALL BLVD
ZEPHYRHILLS, FL 33542

New Principal Place of Business:

3611 5TH AVENUE NORTH
ST PETERSBURG, FL 33713

Current Mailing Address:

6417 GALL BLVD
ZEPHYRHILLS, FL 33542

New Mailing Address:

3611 5TH AVENUE NORTH
ST PETERSBURG, FL 33713

FEI Number: 26-3761654 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEOTT, PAUL C
6417 GALL BLVD
ZEPHYRHILLS, FL 33542 US

Name and Address of New Registered Agent:

WEOTT, PAUL C
3611 5TH AVENUE NORTH
ST PETERSBURG, FL 33713 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: 01/14/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WEOTT, PAUL C
Address: 6417 GALL BLVD
City-St-Zip: ZEPHYRHILLS, FL 33542

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: WEOTT, PAUL C
Address: 3611 5TH AVENUE NORTH
City-St-Zip: ST PETERSBURG, FL 33713

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: PAUL C WEOTT D 01/14/2009
Electronic Signature of Signing Officer or Director — Date