

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000046154

FILED  
Feb 21, 2011  
Secretary of State

**Entity Name:** PENSACOLA ORTHOTIC & PROSTHETIC SPECIALTIES INC.

**Current Principal Place of Business:**

129 JET DRIVE  
FORT WALTON BEACH, FL 32548

**New Principal Place of Business:**

5855 CREEK STATION DRIVE  
PENSACOLA, FL 32504

**Current Mailing Address:**

RR3 BOX 805  
BURNSVILLE, NC 28714-934 US

**New Mailing Address:**

5855 CREEK STATION DRIVE  
PENSACOLA, FL 32504

**FEI Number:** 27-2988609

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DECKERT, THOMAS  
129 JET DRIVE  
FT WALTON BEACH, FL 32548 US

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

DECKERT, THOMAS  
7 SHERWOOD DRIVE  
SHALIMAR, FL 32579 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:

02/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DECKERT, THOMAS  
Address: 7 SHERWOOD DRIVE  
City-St-Zip: SHALIMAR, FL 32579

Title: VP  
Name: EDDINS, DANIEL M  
Address: 1903 SMYERS RD  
City-St-Zip: CANTONMENT, FL 32533 US

Title: SEC  
Name: MYERS, CHAD  
Address: 17245 POLO RIDGE BLVD  
City-St-Zip: FAIRHOPE, AL 36532 US

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: THOMAS D. DECKERT

PRES

02/21/2011

Electronic Signature of Signing Officer or Director

Date