

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90149 030 \*\*\*150.00



**DOCUMENT # P93000052121**  
 1. Entity Name  
**NORPRO PROSTHETICS AND ORTHOTICS, INC.**

Principal Place of Business 355 HIATT DRIVE SUITE A PALM BEACH GARDENS, FL 33418 US	Mailing Address 355 HIATT DRIVE SUITE A PALM BEACH GARDENS, FL 33418 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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03242008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0425536	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**  
 MATTHAEI, RICHARD L  
 355 HIATT DRIVE, STE. A  
 PALM BEACH GARDENS, FL 33418

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D <input type="checkbox"/> Delete
NAME	MATTHAEI, RICHARD L
STREET ADDRESS	355 HIATT DRIVE, STE. A
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	SHANKS, JOHN
STREET ADDRESS	355 HIATT DRIVE, STE. A
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/08 561-627-7727  
 Date Daytime Phone #