

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000067314

**FILED**  
**Jun 10, 2010**  
**Secretary of State**

**Entity Name:** INSTITUTE FOR PROSTHETIC ADVANCEMENT, INC.

**Current Principal Place of Business:**

2315 RUTH HENTZ DRIVE  
PANAMA CITY, FL 32405 US

**New Principal Place of Business:**

2315 RUTH HENTZ AVENUE  
PANAMA CITY, FL 32405 US

**Current Mailing Address:**

2315 RUTH HENTZ DRIVE  
PANAMA CITY, FL 32405 US

**New Mailing Address:**

2315 RUTH HENTZ AVENUE  
PANAMA CITY, FL 32405 US

FEI Number: 59-3270040

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

FREDRICK, JOHN C  
2315 RUTH HENTZ DR  
PANAMA CITY, FL 32405 US

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

FREDRICK, JOHN C  
2315 RUTH HENTZ AVENUE  
PANAMA CITY, FL 32405 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

06/10/2010

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FREDERICK, JOHN C.  
Address: 4619 ASHLAND WAY  
City-St-Zip: PANAMA CITY, FL 32404

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: JOHN C. FREDRICK

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

MR

06/10/2010

\_\_\_\_\_  
Date