

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000075188

FILED  
Jan 07, 2009  
Secretary of State

Entity Name: HOLLYWOOD PROSTHETICS & ORTHOTICS, INC.

## Current Principal Place of Business:

4050 NE 5TH AVE  
STE A  
OAKLAND, FL 33334

## New Principal Place of Business:

402 NE 6 AVENUE  
DEERFIELD BEACH, FL 33441

## Current Mailing Address:

4050 NE 5TH AVE  
STE A  
OAKLAND, FL 33334

## New Mailing Address:

402 NE 6 AVENUE  
DEERFIELD BEACH, FL 33441

FEI Number: 65-0538522

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NEWBERRY, JAMES G JR  
402 NE 6TH AVENUE  
DEERFIELD BEACH, FL 33341 US

## Name and Address of New Registered Agent:

NEWBERRY, JAMES G JR  
402 NE 6TH AVENUE  
SUITE A  
DEERFIELD BEACH, FL 33341 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:

01/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: NEWBERRY, JAMES G JR.  
Address: 402 NE 6TH AVENUE  
City-St-Zip: DEERFIELD BEACH, FL 33341

Title: D ( ) Delete  
Name: EDWARDS, DAVE  
Address: 4050 NE 5TH AVE STE A  
City-St-Zip: OAKLAND PARK, FL 33334

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change ( ) Addition  
Name: NEWBERRY, JAMES G JR.  
Address: 402 NE 6 AVENUE  
City-St-Zip: DEERFIELD BEACH, FL 33341

Title: DIR (X) Change ( ) Addition  
Name: NEWBERRY, LYNNENE D  
Address: 402 NE 6 AVENUE  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: DIR ( ) Change (X) Addition  
Name: FRALLICCIARDI, TONI L  
Address: 5290 NE 14 AVENUE  
City-St-Zip: POMPANO BEACH, FL 33069

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: JAMES G NEWBERRY, JR

DIR

01/07/2009

Electronic Signature of Signing Officer or Director

Date