

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000075188

FILED  
Feb 23, 2010  
Secretary of State

**Entity Name:** HOLLYWOOD PROSTHETICS & ORTHOTICS, INC.

**Current Principal Place of Business:**

402 NE 6 AVENUE  
DEERFIELD BEACH, FL 33441

**New Principal Place of Business:**

**Current Mailing Address:**

402 NE 6 AVENUE  
DEERFIELD BEACH, FL 33441

**New Mailing Address:**

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  
SUITE A  
DEERFIELD BEACH, FL 33341 US

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

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

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

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

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

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: JAMES NEWBERRY

CEO

02/23/2010

Electronic Signature of Signing Officer or Director

Date