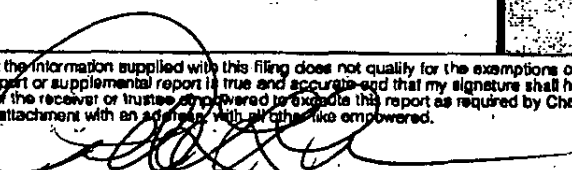


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # P94000077138		
1. Entity Name ORTHOTIC AND PROSTHETIC EQUIPMENT CORPORATION		
Principal Place of Business 2236 CORAL WAY MIAMI, FL 33145 US		Mailing Address 2236 CORAL WAY MIAMI, FL 33145 US
DO NOT WRITE IN THIS SPACE		
		 04162008 No Chg-P CR2E034 (11/05)
		4. FEI Number 65-0527479
		Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LLANES, PEDRO L 2236 CORAL WAY MIAMI, FL 33145		DO NOT WRITE IN THIS SPACE
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____		
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
		U000000912873 05/07/08-80097-016 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LLANES, PEDRO L 2236 CORAL WAY MIAMI, FL	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
DO NOT WRITE IN THIS SPACE		
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 affidavit with all other like empowered.		
SIGNATURE: 		4-16-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #