**FILED**
**Apr 21, 2008 08:00 A**
**Secretary of State**

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000077138

1. Entity Name
ORTHOTIC AND PROSTHETIC EQUIPMENT CORPORATION

| Principal Place of Business | Mailing Address |
|---|---|
| 2236 CORAL WAY<br>MIAMI, FL 33145 US | 2236 CORAL WAY<br>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

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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

U00000912873
05/07/08-80097-016 150.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PSD |
| NAME | LLANES, PEDRO L. |
| STREET ADDRESS | 2236 CORAL WAY |
| CITY-ST-ZIP | MIAMI, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
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| CITY-ST-ZIP | |

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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:** _____ 4-16-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #