

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 10, 2011
Secretary of State

Entity Name: GARRISON'S ORTHOTIC & PROSTHETIC CLINIC, INC.

Current Principal Place of Business:

1531 E. ATLANTIC BLVD.
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

1531 E. ATLANTIC BLVD.
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 65-0565273

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARRISON, KEVIN S
3165 WINDMILL RANCH ROAD
WESTON, FL 33331 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

OFFICERS AND DIRECTORS:

Title: PRES
Name: GARRISON, KEVIN S
Address: 3165 WINDMILL RANCH RD
City-St-Zip: WESTON, FL 33331

Title: V
Name: GARRISON, CATHELINE L
Address: 3165 WINDMILL RANCH ROAD
City-St-Zip: WESTON, FL 33331

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: KEVIN S. GARRISON

PRES

01/10/2011

Electronic Signature of Signing Officer or Director

Date