

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000001025

FILED  
Feb 02, 2010  
Secretary of State

Entity Name: HENDRICKS ORTHOTIC PROSTHETIC ENTERPRISES, INC.

## Current Principal Place of Business:

6439 MILNER BLVD.  
SUITE 6  
ORLANDO, FL 32809 US

## New Principal Place of Business:

6439 MILNER BOULEVARD  
SUITE 6  
ORLANDO, FL 32809 US

## Current Mailing Address:

6439 MILNER BLVD.  
SUITE 6  
ORLANDO, FL 32809 US

## New Mailing Address:

300 CARLSBAD VILLAGE DRIVE  
SUITE 223  
CARLSBAD, CA 92008 US

FEI Number: 59-3485670

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HENDRICKS, DAVID  
2924 ZAHARIAS DRIVE  
ORLANDO, FL 32837 US

## Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: TERRY FERRENTINO

02/02/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: MR  
Name: NELSON, GREGORY R PRES.  
Address: 300 CARLSBAD VILLAGE DRIVE, SUITE 223  
City-St-Zip: CARLSBAD, CA 92008

Title: MR  
Name: HENDRICKS, DAVID SVP  
Address: 6439 MILNER BOULEVARD, SUITE 6  
City-St-Zip: ORLANDO, FL 32809

Title: MR.  
Name: PETERSON, COLE SECRE  
Address: 6439 MILNER BOULEVARD, SUITE 6  
City-St-Zip: ORLANDO, FL 32809

Title: MR.  
Name: POUNDS, DRUE TREAS  
Address: 300 CARLSBAD VILLAGE DRIVE, SUITE 223  
City-St-Zip: CARLSBAD, CA 92008

Title: MR.  
Name: RADTKE, JOEL ASSTSEC  
Address: 300 CARLSBAD VILLAGE DRIVE, SUITE 223  
City-St-Zip: CARLSBAD, CA 92008

Title: MR.  
Name: HENDRICKS, JAMES P VPSALES  
Address: 6439 MILNER BOULEVARD, SUITE 6  
City-St-Zip: ORLANDO, FL 32809

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: DRUE POUNDS, TREASURER

TREA

02/02/2010

Electronic Signature of Signing Officer or Director

Date