2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED DOCUMENT # P98000001901 Feb 05, 2007 08:00 AM **Secretary of State** FLEXIBLE PROSTHETICS, INC. Principal Place of Business Mailing Address 789 PINE ST OCOEE FL 34761 789 PINE ST OCOEE FL 34761 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, otc. 1st MOORE CR2E034 (10/06) City & Stato Applied For City & State 4. FEI Number 59-3492152 Not Applicable Zin Country Country Zιp \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **H&R BLOCK PREMIUM** Street Address (P.O. Box Number is Not Acceptable) 1650 SANDLAKE RD **STE 108** ORLANDO FL 32809 Zip Codo City 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) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Delete ☐ Change ☐ Addition DID 1014 SITARIK, STEVEN F NAMI NAMI U00000621285 789 PINE ST STREET ADDRESS STREET ADDRESS 02/12/07-80010-023 150.00 OCOEE FL 34761 CITY-S1-7IP CITY-ST-7IP Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CHY-SI-7IP CHY-SI-7P Change Addition 1001 Delete 1000 NAMI NAMI STREET ADORESS STREET ADDRESS CHY-SI-ZIP CHY-ST-ZIP □ Change Addition Delete NAMI STREET ADDRESS STRUT LADDOESS CHY-S1-7IP CITY+S1+7IP Delete ☐ Change Addition DID 11111 NAMŁ NAMI STREET ADDRESS STREET LANDRESS CITY-S1-7IP CITY-ST-ZIP Change Addition 11111 Delele HILL NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY+SI-7(P 12. I noreby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accuracy and that my signature shall have the same logal offect as if made under eath, 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.

NAME OF SIGNING OFFICER OR DIRECTOR

321-239-6767