

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000001901

**FILED**  
**Apr 09, 2012**  
**Secretary of State**

**Entity Name:** FLEXIBLE PROSTHETICS, INC.

**Current Principal Place of Business:**

789 PINE ST  
OCOEE, FL 34761

**New Principal Place of Business:**

**Current Mailing Address:**

789 PINE ST  
OCOEE, FL 34761

**New Mailing Address:**

**FEI Number:** 59-3492152

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

H&R BLOCK PREMIUM  
1650 SANDLAKE RD  
STE 108  
ORLANDO, FL 32809 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: O  
Name: SITARIK, STEVEN F  
Address: 789 PINE ST  
City-St-Zip: OCOEE, FL 34761

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: STEVEN SITARIK

PRES

04/09/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date