

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000045179

FILED
Apr 16, 2009
Secretary of State

Entity Name: O & P CLINICAL TECHNOLOGIES, INC.

Current Principal Place of Business:

6800 NW 9TH BLVD
STE 3
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

6800 NW 9TH BLVD
STE 3
GAINESVILLE, FL 32605

New Mailing Address:

P.O. BOX 1400
MILAN, OH 44846

FEI Number: 59-3516882

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRUSAKOWSKI, PAUL E
6830 NW 9TH BLVD
STE 3
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

PRUSAKOWSKI, PAUL E
6800 NW 9TH BLVD
STE 3
GAINESVILLE, FL 32605 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: PAUL E. PRUSAKOWSKI

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PRUSAKOWSKI, PAUL E
Address: 5204 SW 79TH TERR
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAUL E. PRUSAKOWSKI

PD

04/16/2009

Electronic Signature of Signing Officer or Director

Date