

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000072179

FILED
Apr 13, 2011
Secretary of State

Entity Name: ADVANCED PROSTHETICS OF AMERICA, INC.

Current Principal Place of Business:

5555 HOLLYWOOD BLVD
SUITE 101
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

TWO BETHESDA METRO CENTER
SUITE 1200
BETHESDA, MD 20814

New Mailing Address:

10910 DOMAIN DR.
STE 300
AUSTIN, TX 78758

FEI Number: 59-3527373

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: DCEO
Name: KIRK, THOMAS F
Address: 10910 DOMAIN DR., STE 300
City-St-Zip: AUSTIN, TX 78758

Title: P
Name: TAYLOR, RICHMOND L
Address: 10910 DOMAIN DR., STE 300
City-St-Zip: AUSTIN, TX 78758

Title: TSD
Name: MCHENRY, GEORGE E
Address: 10910 DOMAIN DR., STE 300
City-St-Zip: AUSTIN, TX 78758

Title: AS
Name: MESTIER, LOUIS J
Address: 10910 DOMAIN DR., STE 300
City-St-Zip: AUSTIN, TX 78758

Title: AS
Name: HOFMEISTER, THOMAS C
Address: 10910 DOMAIN DR., STE 300
City-St-Zip: AUSTIN, TX 78758

Title: AS
Name: HARTMAN, THOMAS E
Address: 10910 DOMAIN DR., STE 300
City-St-Zip: AUSTIN, TX 78758

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: LOUIS J. MESTIER

AS

04/13/2011

Electronic Signature of Signing Officer or Director

Date