

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000073080

1. Entity Name
ORTHOTIC AND PROSTHETIC CLINIC, INC.



Principal Place of Business
1701 SE HILMOOR DR
C-13
PORT ST LUCIE, FL 34952

Mailing Address

1701 SE HILMOOR DR
C-13
PORT ST LUCIE, FL 34952

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

FENTON, JAMES R
1212 GREEN PINE LN
STUART, FL 34994

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FENTON, JAMES R 1212 GREEN PINE LN STUART, FL 34994	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] *[Signature]* *[Signature]* *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED
May 02, 2006 8:00 am
Secretary of State**

05-02-2006 90160 044 ***150.00

4 U U I I -



01122006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0857799

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

4/28/06

72 331-7310

Daytime Phone #