2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V37587

Entity Name: BADER PROSTHETICS AND ORTHOTICS, INC.

FILED Apr 30, 2008 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

13711 NORTH DALE MABRY HIGHWAY 125 EAST CHAPMAN ROAD TAMPA, FL 33618 US LUTZ, FL 33549 US

Current Mailing Address: New Mailing Address:

13711 NORTH DALE MABRY HIGHWAY
TAMPA, FL 33618 US
125 EAST CHAPMAN ROAD
LUTZ, FL 33549 US

FEI Number: 59-3126916 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BADER, WADE

13711 NORTH DALE MABRY HIGHWAY

TAMPA, FL 33618 US

BADER, WADE

125 EAST CHAPMAN ROAD

LUTZ, FL 33549 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: 04/30/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: BADER, WADE Name: BADER, WADE

 Address:
 13711 NORTH DALE MABRY HIGHWAY
 Address:
 125 EAST CHAPMAN ROAD

 City-St-Zip:
 TAMPA, FL 33618 US
 City-St-Zip:
 LUTZ, FL 33549 US

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: WADE BADER MR 04/30/2008

Electronic Signature of Signing Officer or Director

Date