

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000001025

**FILED**  
**Jan 21, 2015**  
**Secretary of State**  
**CC1482919643**

**Entity Name:** HENDRICKS ORTHOTIC PROSTHETIC ENTERPRISES, INC.

**Current Principal Place of Business:**

2241 S. WATSON ROAD  
SUITE 101  
ARLINGTON, TX 76010

**Current Mailing Address:**

5204 TENNYSON PARKWAY  
SUITE 100  
PLANO, TX 75051 US

**FEI Number: 59-3485670**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LEE, BRAD  
Address        2885 LOKER AVENUE EAST  
City-State-Zip: CARLSBAD CA 92010

Title            SECRETARY  
Name            SOHN, TOM  
Address        2885 LOKER AVENUE EAST  
City-State-Zip: CARLSBAD CA 92010

Title            TREASURER  
Name            HEISLER, AARON  
Address        2885 LOKER AVENUE EAST  
City-State-Zip: CARLSBAD CA 92010

Title            VP  
Name            KRIER, JOHN  
Address        2885 LOKER AVENUE EAST  
City-State-Zip: CARLSBAD CA 92010

*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: TOM SOHN**

**SECRETARY**

**01/21/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date