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| 1.) CORPORATION NAME: EASTERN VIRGINIA ORTHOTICS & PROSTHETICS, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: LISA L CROUSE 8 S 6TH ST HAMPTON, VA 23664 | DUE DATE: 1/31/2013 SCC ID NO: 04595203 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>5,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 5,000 |
| CLASS | AUTHORIZED | | | | |
| COMMON | 5,000 | | | | |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HAMPTON CITY | | | | | |
| 4.) STATE OR COUNTRY OF INCORPORATION: VA | | | | | |

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| 6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 8 S. 6TH ST. CITY/ST/ZIP: HAMPTON, VA 23664 |
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7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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| NAME: JOHN C PAUL TITLE: PRESIDENT ADDRESS: 8 SOUTH 6TH STREET CITY/ST/ZIP/CO: HAMPTON, VA 23664 | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: LISA L CROUSE-PAUL TITLE: S/T ADDRESS: 8 SOUTH 6TH STREET CITY/ST/ZIP/CO: HAMPTON, VA 23664 | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

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| /s/ JOHN C PAUL | JOHN C PAUL, PRESIDENT | 2/14/2013 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | DATE |

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.