

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000069517

**FILED**  
**Apr 07, 2011**  
**Secretary of State**

**Entity Name:** WEST COAST MOBILE ORTHOPEDICS, INC.

**Current Principal Place of Business:**

24643 RED ROBIN DR.  
BONITA SPRINGS, FL 34135 US

**New Principal Place of Business:**

**Current Mailing Address:**

THE UPS STORE, PMB#194  
8951 BONITA BEACH ROAD, #525 STE.  
BONITA SPRINGS, FL 34135 US

**New Mailing Address:**

**FEI Number:** 65-0607079      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

RIEGER, CHRISTOPHER L  
24643 RED ROBIN DR.  
BONITA SPRINGS, FL 34135 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:** PRES  
**Name:** RIEGER, CHRISTOPHER L  
**Address:** 24643 RED ROBIN DR.  
**City-St-Zip:** BONITA SPRINGS, FL 34135

**Title:** VS  
**Name:** RIEGER, MARIE E  
**Address:** 24643 RED ROBIN DR  
**City-St-Zip:** BONITA SPRINGS, FL 34135

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: CHRISTOPHER L RIEGER

PRES

04/07/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date