

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90099 024 ***150.00

DOCUMENT # S74615

1. Entity Name
SOUTHWEST FLORIDA PROSTHETIC CLINIC, INC.



Principal Place of Business
**1510 ROYAL PALM SQUARE BLVD.
SUITE 105
FT. MYERS FL 33919**

Mailing Address
**1510 ROYAL PALM SQUARE BLVD.
SUITE 105
FT. MYERS FL 33919**



2. Principal Place of Business

7680 CAMBRIDGE MANOR PL

3. Mailing Address

7680 Cambridge Manor Pl.

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

101

City & State

FT. MYERS FL

City & State

FT. MYERS, FL

Zip

33907

Country

USA

Zip

33907

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0307582

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ANERINO, GREGORY
1510 ROYAL PALM SQUARE BLVD.
SUITE 105
FT MYERS FL 33919**

7. Name and Address of New Registered Agent

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

Gregory T. Anerino Owner

1-15-03

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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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 **D** ☐ Delete
NAME **ANERINO, GREGORY T.**
STREET ADDRESS **1510 ROYAL PALM SQ BLVD.**
CITY-ST-ZIP **FT MYERS FL 33907**

TITLE ☐ Change ☐ Addition
NAME **D**
STREET ADDRESS **7680 Cambridge Manor Pl.**
CITY-ST-ZIP **FT MYERS FL 33907**

TITLE **D** ☐ Delete
NAME **AMERINO, BARBARA**
STREET ADDRESS **1510 ROYAL PALM SQ BLVD**
CITY-ST-ZIP **FT. MYERS FL 33919**

TITLE ☐ Change ☐ Addition
NAME **D**
STREET ADDRESS **7680 Cambridge Manor Pl.**
CITY-ST-ZIP **FT. MYERS FL 33907**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Gregory T. Anerino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-03 (939) 936-0033

Date

Daytime Phone #

CR2E034 (10/02)