

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000000886

**Entity Name:** NO BOUNDARIES PROSTHETIC FOUNDATION INC

**Current Principal Place of Business:**

4258 W 12TH AVE  
HIALEAH, FL 33012

**Current Mailing Address:**

4258 W 12TH AVE  
HIALEAH, FL 33012 US

**FEI Number:** 27-1779908

**Certificate of Status Desired:** No

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

QUIRANTES, ARMANDO  
3641 SW 161 TERR  
MIRAMAR, FL 33027 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           DIRECTOR  
Name           QUIRANTES, ARMANDO  
Address        3641 SW 161 TERR  
City-State-Zip: MIRAMAR FL 33027

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ARMANDO QUIRANTES

**PRESIDENT**

**04/29/2016**

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

\_\_\_\_\_  
Date