

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 622218

Entity Name: U.S. ORTHOTICS, INC.**Current Principal Place of Business:**8605 PALM RIVER ROAD
TAMPA, FL 33619**Current Mailing Address:**8605 PALM RIVER ROAD
TAMPA, FL 33619 US**FEI Number:** 59-1908586**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VELAZQUEZ, ANTHONY PSTD
8605 PALM RIVER RD
TAMPA, FL 33619 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	PSTD
Name	VELAZQUEZ, ANTHONY
Address	8605 PALM RIVER RD
City-State-Zip:	TAMPA FL 33619

Title	VD
Name	HENRIQUEZ, JOANNA
Address	18105 SPENCER RD
City-State-Zip:	ODESSA FL 33556

Title	D
Name	VELAZQUEZ, DOLORES
Address	912 W ADALEE ST
City-State-Zip:	TAMPA FL 33603

Title	D
Name	VELAZQUEZ, DEANNA L
Address	17750 OAK BRIDGE ST
City-State-Zip:	TAMPA FL 33647

Title	D
Name	VELAZQUEZ, MELANIE A
Address	17750 OAK BRIDGE ST.
City-State-Zip:	TAMPA FL 33647

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: ANTHONY VELAZQUEZ**PRESIDENT****03/21/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date