

**2019 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	Title	VD
Name	VELAZQUEZ, ANTHONY	Name	HENRIQUEZ, JOANNA
Address	8605 PALM RIVER RD	Address	18105 SPENCER RD
City-State-Zip:	TAMPA FL 33619	City-State-Zip:	ODESSA FL 33556
Title	D		
Name	VELAZQUEZ, MELANIE A		
Address	8605 PALM RIVER RD		
City-State-Zip:	TAMPA FL 33619		

*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**

**04/01/2019**

Electronic Signature of Signing Officer/Director Detail

Date