

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000078734

**Entity Name:** PERFORMANCE ORTHOTICS CLINIC, INC.

**Current Principal Place of Business:**

4710 SE 37TH STREET  
OCALA, FL 34480

**Current Mailing Address:**

4710 SE 37TH STREET  
OCALA, FL 34480

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

FAKHOURY, JAMAL A DR.  
4710 SE 37TH STREET  
OCALA, FL 34480 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            D, P  
Name            FAKHOURY, DR. JAMAL A  
Address        4710 SE 37TH STREET  
City-State-Zip: Ocala FL 34480

Title            S, T  
Name            FAKHOURY, DR. JAMAL A  
Address        4710 SE 37TH STREET  
City-State-Zip: Ocala FL 34480

*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:** DR. JAMAL FAKHOURY

**MANAGER**

**04/07/2019**

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

\_\_\_\_\_ Date