

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