

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000069517

Entity Name: WEST COAST MOBILE ORTHOPEDICS, INC.

Current Principal Place of Business:

24643 RED ROBIN DR.
BONITA SPRINGS, FL 34135

Current Mailing Address:

24643 RED ROBIN DR.
BONITA SPRINGS, FL 34135 US

FEI Number: 65-0607079

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RIEGER, CHRISTOPHER L
24643 RED ROBIN DR.
BONITA SPRINGS, FL 34135 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 PRES
Name RIEGER, CHRISTOPHER L
Address 24643 RED ROBIN DR.
City-State-Zip: BONITA SPRINGS FL 34135

Title VS
Name RIEGER, MARIE E
Address 24643 RED ROBIN DR
City-State-Zip: BONITA SPRINGS FL 34135

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: CHRISTOPHER L RIEGER

PRESIDENT

03/02/2024

Electronic Signature of Signing Officer/Director Detail

Date