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.

PRESIDENT

SIGNATURE: CHRISTOPHER RIEGER

Electronic Signature of Signing Officer/Director Detail

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:

THE UPS STORE, PMB#194 8951 BONITA BEACH ROAD, #525-194. BONITA SPRINGS, FL 34135 US

FEI Number: 65-0607079

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

Officer/Director Detail :

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

FILED Feb 16, 2021 Secretary of State 4200616213CC

Date

Certificate of Status Desired: No

02/16/2021

Date