

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000083643

Entity Name: FALK PROSTHETICS & ORTHOTICS, INC.

Current Principal Place of Business:

5180 WEST ATLANTIC AVE
#116
DELRAY BEACH, FL 33484

Current Mailing Address:

5180 WEST ATLANTIC AVE
#116
DELRAY BEACH, FL 33484

FEI Number: 65-0785812

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FALK, DAVID L
1000 SE ATLANTIC DRIVE
LANTANA, FL 33462 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 | O | Title | O |
| Name | FALK, DAVID | Name | PRICE, JEFFREY W |
| Address | 1000 SE ATLANTIC DRIVE | Address | 79 RIVER DRIVE |
| City-State-Zip: | LANTANA FL 33462 | City-State-Zip: | TEQUESTA FL 33469 |

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: DAVID FALK

OFFICER

07/08/2016

Electronic Signature of Signing Officer/Director Detail

Date