

**2023 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  
5180 W ATLANTIC AVE  
#116  
DELRAY BEACH, FL 33484 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  
Name            FALK, DAVID  
Address        1000 SE ATLANTIC DRIVE  
City-State-Zip: LANTANA FL 33462

Title            O  
Name            PRICE, JEFFREY W  
Address        79 RIVER DRIVE  
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

**PRESIDENT**

**02/13/2023**

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

\_\_\_\_\_  
Date