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: JENNIFER BAKER

Electronic Signature of Signing Officer/Director Detail

OFFICER

04/27/2021

# 2021 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P97000088312

### Entity Name: COPELAND PROSTHETICS & RESEARCH, INC.

## Current Principal Place of Business:

8001 N DALE MABRY HWY 101 TAMPA, FL 33614

#### **Current Mailing Address:**

8001 N DALE MABRY HWY 101 TAMPA, FL 33614 US

#### FEI Number: 59-3471150

#### Name and Address of Current Registered Agent:

BAKER, JENNIFER L 8001 N DALE MABRY HWY 101 TAMPA, FL 33614 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	I JENNIFER L BAKER			04/27/2021	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	OFFICER	Title	OFFICER		
Name	BAKER, JENNIFER L	Name	HETTINGER, DAVID B		
Address	8001 N DALE MABRY HWY 101	Address	8001 N DALE MABRY HWY 101		
City-State-Zip:	TAMPA FL 33614	City-State-Zip:	TAMPA FL 33614		

#### Certificate of Status Desired: No

Date

FILED Apr 27, 2021 Secretary of State 4168815202CC