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: BILL COPELAND

Electronic Signature of Signing Officer/Director Detail

03/11/2014

Date

Name	COPELAND, BILL		
Address	11801 MIDDLEBURY DF		
City-State-Zip:	TAMPA FL 33626		

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :				
Title	VPT	Title	PS	
Name	COPELAND, BILL	Name	COPELAND, BILL	
Address	11801 MIDDLEBURY DR	Address	11801 MIDDLEBURY DR	
City-State-Zip:	TAMPA FL 33626	City-State-Zip:	TAMPA FL 33626	

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.

Name and Address of Current Registered Agent:

COPELAND, BILL G 11801 MIDDLEBURY DR. TAMPA, FL 33626 US

101 TAMPA, FL 33614

Current Mailing Address:

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000088312

Entity Name: COPELAND PROSTHETICS & RESEARCH, INC.

Current Principal Place of Business:

8001 N DALE MABRY HWY

8001 N DALE MABRY HWY 101 TAMPA, FL 33614 US

FEI Number: 59-3471150

Date

FILED Mar 11, 2014 Secretary of State CC5856490998

Certificate of Status Desired: No