

**2018 FLORIDA PROFIT CORPORATION 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

**Certificate of Status Desired:** No

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

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

*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 G COPELAND

VPT

04/26/2018

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

\_\_\_\_\_  
Date