## 2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000003215

Entity Name: SURGICAL ORTHOPEDIC IMPLANTS, INC.

**Current Principal Place of Business:** 

4215 SW HIGH MEADOWS AVE PALM CITY, FL 34990

## **Current Mailing Address:**

4215 SW HIGH MEADOWS AVE. PALM CITY, FL 34990 US

FEI Number: 65-0890923 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

GOLDEN, PAUL 4215 SW HIGH MEADOWS AVE. PALM CITY, FL 34990 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

FILED Jan 23, 2016

**Secretary of State** 

CC2269739094

## Officer/Director Detail:

Title F

Name GOLDEN, PAUL

Address 4215 SW HIGH MEADOWS AVE.

City-State-Zip: PALM CITY FL 34990

SIGNATURE: PAUL GOLDEN

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.

**PRESIDENT**