

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S74615

Entity Name: SOUTHWEST FLORIDA PROSTHETIC CLINIC, INC.

Current Principal Place of Business:

SW FLORIDA PROSTHETIC CLINIC
METRO MED. PL 13691 PKWY STE 100
FORT MYERS, FL 33912

Current Mailing Address:

SW FLORIDA PROSTHETIC CLINIC
METRO MED. PL 13691 PKWY STE 100
FORT MYERS, FL 33912

FEI Number: 65-0307582

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANERINO, GREGORY
13691 METRO PKWY 100
FORT MYERS, FL 33912 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 D
Name ANERINO, GREGORY
Address 13691 METRO PKWY STE 100
City-State-Zip: FORT MYERS FL 33912

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: GREGORY ANERINO

OFFICER/DIRECTOR

01/29/2014

Electronic Signature of Signing Officer/Director Detail

Date