

**2016 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

**PRESIDENT**

**03/31/2016**

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

\_\_\_\_\_  
Date