

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000027783

**Entity Name:** FALK PROSTHETICS & ORTHOTICS, LLC

**Current Principal Place of Business:**

2141 ALTERNATE A1A SOUTH  
STE. 130  
JUPITER, FL 33477

**FILED**  
**Feb 13, 2023**  
**Secretary of State**  
**8631442744CC**

**Current Mailing Address:**

5180 WEST ATLANTIC AVE  
116  
DELRAY BEACH, FL 33484

**FEI Number:** 20-2822112

**Certificate of Status Desired:** No

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

FALK, DAVID  
5180 W. ATLANTIC AVE STE. 116  
DELRAY BEACH, FL 33484 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

**Authorized Person(s) Detail :**

Title MGRM  
Name FALK PROSTHETICS & ORTHOTICS, INC.  
Address 5180 W. ATLANTIC AVE STE. 116  
City-State-Zip: DELRAY BEACH FL 33484

Title MGRM  
Name PRICE, JEFFREY  
Address 79 RIVER DRIVE  
City-State-Zip: TEQUESTA FL 33469

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID FALK

**MGR**

**02/13/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date