

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000048310

**Entity Name:** PINNACLE ORTHOTICS, LLC

**Current Principal Place of Business:**

509 PAUL MORRIS DR.  
ATTN: J. SCOTT BECKER  
ENGLEWOOD, FL 34223

**FILED**  
**Jan 13, 2014**  
**Secretary of State**  
**CC4378450511**

**Current Mailing Address:**

517 PAUL MORRIS DR.  
ENGLEWOOD, FL 34223 US

**FEI Number: 80-0804166**

**Certificate of Status Desired: No**

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

BECKER, J. SCOTT  
509 PAUL MORRIS DR.  
ENGLEWOOD, FL 34223 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 BECKER, SCOTT  
Address 509 PAUL MORRIS DR.  
City-State-Zip: ENGLEWOOD FL 34223

Title MGRM  
Name ARLINETI, JOEL  
Address 509 PAUL MORRIS DR.  
City-State-Zip: ENGLEWOOD FL 34223

*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: J. SCOTT BECKER**

**DIRECTOR OF  
OPERATIONS**

**01/13/2014**

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

\_\_\_\_\_  
Date