

2013 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
Aug 23, 2013
Secretary of State
CC2318608511

Current Mailing Address:

517 PAUL MORRIS DR.
C-4
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 | Title | MGRM |
| Name | BECKER, SCOTT | Name | ARLINE, JOEL |
| Address | 509 PAUL MORRIS DR. | Address | 509 PAUL MORRIS DR. |
| City-State-Zip: | ENGLEWOOD FL 34223 | 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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: J. SCOTT BECKER

**DIRECTOR OF
OPERATIONS**

08/23/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date