

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90313 018 ***150.00

DOCUMENT # S74615

1. Entity Name

SOUTHWEST FLORIDA PROSTHETIC CLINIC, INC.



**SW Florida Prosthetic Clinic
Metro Medical Plaza
13691 Metro Pkwy Suite 100
Ft. Myers, FL 33912**

Mailing Address

**7680 CAMBRIDGE MANOR PL
SUITE 100
FT. MYERS FL 33919**



2. Principal Place of Business

SW Florida Prosthetic

Suite, Apt. #, etc.

13691 METRO PKWY

City & State

FT. MYERS FL 33912

Zip

33912

Country

USA

**SW Florida Prosthetic Clinic
Metro Medical Plaza
13691 Metro Pkwy Suite 100
Ft. Myers, FL 33912**

1st MOORE

CR2E034 (10/05)

FEI Number

65-0307582

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

GREGORY ANERINO

Street Address (P.O. Box Number is Not Acceptable)

13691 METRO PKWY #100

City

FT. MYERS

FL

Zip Code

33912

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete
NAME **ANERINO, GREGORY T.**
STREET ADDRESS **7680 CAMBRIDGE MANOR PL**
CITY-ST-ZIP **FT. MYERS FL 33907**

TITLE ☒ Delete
NAME **ANERINO, BARBARA**
STREET ADDRESS **7680 CAMBRIDGE MANOR PL**
CITY-ST-ZIP **FT. MYERS FL 33907**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **ANERINO GREG**
STREET ADDRESS **13691 METRO PKWY**
CITY-ST-ZIP **SUITE 100 FT. MYERS, FL 33912**

TITLE ☒ Change ☐ Addition
NAME **ANERINO BARBARA**
STREET ADDRESS **13691 METRO PKWY**
CITY-ST-ZIP **SUITE 100 FT. MYERS, FL 33912**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-06 239-936033