

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 622218

**Entity Name:** U.S. ORTHOTICS, INC.**Current Principal Place of Business:**8605 PALM RIVER ROAD  
TAMPA, FL 33619**Current Mailing Address:**8605 PALM RIVER ROAD  
TAMPA, FL 33619 US**FEI Number:** 59-1908586**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VELAZQUEZ, ANTHONY PSTD  
8605 PALM RIVER RD  
TAMPA, FL 33619 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 PSTD  
Name VELAZQUEZ, ANTHONY  
Address 8605 PALM RIVER RD  
City-State-Zip: TAMPA FL 33619

Title VD  
Name HENRIQUEZ, JOANNA  
Address 18105 SPENCER RD  
City-State-Zip: ODESSA FL 33556

Title D  
Name VELAZQUEZ, DOLORES  
Address 912 W ADALEE ST  
City-State-Zip: TAMPA FL 33603

Title D  
Name VELAZQUEZ, DEANNA L  
Address 17750 OAK BRIDGE ST  
City-State-Zip: TAMPA FL 33647

Title D  
Name VELAZQUEZ, MELANIE A  
Address 17750 OAK BRIDGE ST.  
City-State-Zip: TAMPA FL 33647

*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:** ANTHONY VELAZQUEZ

PRESIDENT

04/01/2014

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