

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20930

Entity Name: MAHNKE'S ORTHOTICS & PROSTHETICS OF DEERFIELD, INC.

FILED
Apr 01, 2014
Secretary of State
CC0514327752

Current Principal Place of Business:

4050 NE 5TH AVE.
A
OAKLAND PARK, FL 33334

Current Mailing Address:

4050 NE 5TH AVE.
A
OAKLAND PARK, FL 33334

FEI Number: 59-2066233

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NEWBERRY, JAMES G.
4050 NE 5TH AVE, STE A
OAKLAND PARK, FL 33334 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 PD
Name NEWBERRY, JAMES G
Address 402 NE 6TH AVENUE
City-State-Zip: DEERFIELD BEACH FL 33341

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: JAMES G NEWBERRY

PRESIDENT

04/01/2014

Electronic Signature of Signing Officer/Director Detail

Date