

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20930

**FILED**  
**Jun 12, 2019**  
**Secretary of State**  
**4401619512CC**

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

**Current Principal Place of Business:**

4990 SW 72 AVENUE  
UNIT 107  
MIAMI, FL 33155

**Current Mailing Address:**

4990 SW 72 AVENUE  
UNIT 107  
MIAMI, FL 33155 US

**FEI Number:** 59-2066233

**Certificate of Status Desired:** No

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

KAPLAN YOUNG & MOLL PARRON PLLC  
600 BRICKELL AVENUE  
SUITE 1715  
MIAMI, FL 33131 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:** LORENZO MOLL PARRON

06/12/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            DIRECTOR, PRESIDENT, SECRETARY  
Name            MARTINEZ, SILVIO  
Address        4990 SW 72 AVENUE  
                  UNIT 107  
City-State-Zip: MIAMI FL 33155

Title            VP  
Name            PADILLA, HECTOR ALEX  
Address        4990 SW 72 AVENUE  
                  UNIT 107  
City-State-Zip: MIAMI FL 33155

*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:** SILVIO MARTINEZ

**PRESIDENT**

06/12/2019

Electronic Signature of Signing Officer/Director Detail

Date