

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20930

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

**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**

**01/30/2013**

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

\_\_\_\_\_  
Date