# 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

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

## 2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F20930

# 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

## 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			05/01/2018
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	DIRECTOR, PRESIDENT, SECRETARY	Title	VP	
Name	MARTINEZ, SILVIO	Name	PADILLA, HECTOR ALEX	
Address	4990 SW 72 AVENUE UNIT 107	Address	4990 SW 72 AVENUE UNIT 107	
City-State-Zip:	MIAMI FL 33155	City-State-Zip:	MIAMI FL 33155	

#### Certificate of Status Desired: No

05/01/2018 Date

## FILED May 01, 2018 Secretary of State CC4215396389