

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F49356

**Entity Name:** SUNCOAST ORTHOTICS & PROSTHETICS, INC.

**Current Principal Place of Business:**

1838 HILLVIEW ST  
SARASOTA, FL 34239

**Current Mailing Address:**

1838 HILLVIEW ST  
SARASOTA, FL 34239 US

**FEI Number:** 59-2131270

**Certificate of Status Desired:** No

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

ROSS, ALAN  
1838 HILLVIEW ST  
SARASOTA, FL 34239 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 P  
Name ROSS, ALAN  
Address 1838 HILLVIEW ST  
City-State-Zip: SARASOTA FL 34239

Title V  
Name ROSS, LAURENE  
Address 1838 HILLVIEW ST  
City-State-Zip: SARASOTA FL 34239

*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:** ALAN ROSS

**PRESIDENT**

**01/25/2013**

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

\_\_\_\_\_  
Date