

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M80518

**Entity Name:** PROSTHETIC ARTS LABORATORY, INC.

**Current Principal Place of Business:**

3015 BAYVIEW DRIVE  
SUITE E  
FORT LAUDERDALE, FL 33306

**Current Mailing Address:**

5796 SW 89TH WAY  
COOPER CITY, FL 33328 US

**FEI Number:** 65-0053610

**Certificate of Status Desired:** No

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

STONE, CHARLES  
5796 SW 89TH WAY  
COOPER CITY, FL 33328 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 DPST  
Name STONE, CHARLES R  
Address 5796 SW 89TH WAY  
City-State-Zip: COOPER CITY FL 33328

*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: CHARLES STONE

DPST

03/23/2017

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

\_\_\_\_\_ Date