

2014 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

04/30/2014

Electronic Signature of Signing Officer/Director Detail

Date