

**2013 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000040380

**Entity Name:** SOUTH BEACH ORTHOTICS AND PROSTHETICS, INC.

**Current Principal Place of Business:**

975 ARTHUR GODFREY RD, STE 102  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

3350 NW 2ND AVE  
STE B-18  
BOCA RATON, FL 33431 US

**FEI Number:** 20-0835152

**Certificate of Status Desired:** No

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

GREENSPOON MARDER. P.A.  
100 W. CYPRESS CREEK ROAD  
SUITE 700  
FT. LAUDERDALE, FL 33309 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 PS  
Name SELLECK, MARK  
Address 3350 NW 2ND AVE  
STE B-18  
City-State-Zip: BOCA RATON FL 33431

Title VP, COO  
Name RUDDER, JASON  
Address 6545 NOVA DRIVE  
STE 203  
City-State-Zip: DAVIE FL 33317

Title CFO  
Name LOWE, PAUL  
Address 3350 NW 2ND AVE  
STE B-18  
City-State-Zip: BOCA RATON FL 33431

Title CAO  
Name LOPEZ, VERONICA  
Address 3350 NW 2ND AVE  
STE B-18  
City-State-Zip: BOCA RATON FL 33431

*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:** MARK SELLECK

**PRESIDENT**

**01/28/2013**

Electronic Signature of Signing Officer/Director Detail

Date