

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000040380

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

**Current Principal Place of Business:**

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

**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:**

SELLECK, MARK T  
3350 NW 2ND AVE  
STE B18  
BOCA RATON, FL 33431 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:** MARK SELLECK

04/29/2017

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

*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

04/29/2017

Electronic Signature of Signing Officer/Director Detail

Date