

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000004967

Entity Name: SOLIS ORTHOTICS & PROSTHETICS INC.

Current Principal Place of Business:

274 E. EAU GALLIE BLVD, #120
INDIAN HARBOUR BEACH, FL 32937

Current Mailing Address:

274 E. EAU GALLIE BLVD, #120
INDIAN HARBOUR BEACH, FL 32937 US

FEI Number: 20-2143489

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOLIS, FRANK A
274 E. EAU GALLIE BLVD., #120
INDIAN HARBOUR BEACH, FL 32937 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 PRESIDENT
Name SOLIS, FRANK ANTHONY
Address 274 E. EAU GALLIE BLVD, #120
City-State-Zip: INDIAN HARBOUR BEACH FL 32937

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: FRANK SOLIS

PRESIDENT

04/08/2019

Electronic Signature of Signing Officer/Director Detail

Date