

**2015 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:** Yes

**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:** FRANK A. SOLIS

01/12/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SOLIS, FRANK A  
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 A. SOLIS

PRESIDENT

01/12/2015

Electronic Signature of Signing Officer/Director Detail

Date