

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000069517

**Entity Name:** WEST COAST MOBILE ORTHOPEDICS, INC.

**Current Principal Place of Business:**

24643 RED ROBIN DR.  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

24643 RED ROBIN DR.  
BONITA SPRINGS, FL 34135 US

**FEI Number:** 65-0607079

**Certificate of Status Desired:** No

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

RIEGER, CHRISTOPHER L  
24643 RED ROBIN DR.  
BONITA SPRINGS, FL 34135 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            PRES  
Name            RIEGER, CHRISTOPHER L  
Address        24643 RED ROBIN DR.  
City-State-Zip: BONITA SPRINGS FL 34135

Title            VS  
Name            RIEGER, MARIE E  
Address        24643 RED ROBIN DR  
City-State-Zip: BONITA SPRINGS FL 34135

*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:** CHRISTOPHER RIEGER

**PRESIDENT**

**03/13/2025**

Electronic Signature of Signing Officer/Director Detail

Date