SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 422249 (3)

1. Corporation Name

RX CASTILLO ORTHOPEDIC CENTER, INC.

Principal Place of Business
3183 SW 8TH STREET
MIAMI FL 33135

Mailing Address
3183 SW 8TH STREET
MIAMI FL 33135

3. Date Incorporated or Qualified: 03/29/1973
3a. Date of Last Report: 01/20/1995

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-1452843 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CASTILLO, RAUL DEL
3185 SW 8TH STRET
MIAMI, FL 33135

10. Name and Address of New Registered Agent

81 Name: JOSE DEL CASTILLO
82 Street Address (P.O. Box Number is Not Acceptable): 953 N.W. 133 CT.
83
84 City: MIAMI FL 85 Zip Code: 33182

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [signature] 7/8/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☒ DELETE	1 1 TITLE	Pres	☒ Change ☐ Addition
NAME	CASTILLO, RAUL DEL		1 2 NAME	JOSE DEL CASTILLO	
STREET ADDRESS	1052 SW 78TH CT		1 3 STREET ADDRESS	953 N.W 133 Ct.	
CITY-ST-ZIP	MIAMI FL		1 4 CITY-ST-ZIP	MIAMI, Fl.	
TITLE	VD	☒ DELETE	2 1 TITLE	V.P.	☒ Change ☐ Addition
NAME	CASTILLO, JOSE DEL		2 2 NAME	VICKY DEL CASTILLO	
STREET ADDRESS	1052 S.W. 8TH ST.		2 3 STREET ADDRESS	953 N.W. 133 Ct.	
CITY-ST-ZIP	MIAMI FL		2 4 CITY-ST-ZIP	MIAMI, Fl.	
TITLE	S	☒ DELETE	3 1 TITLE	Treas.	☒ Change ☐ Addition
NAME	CASTILLO, VERA DEL		3 2 NAME	Jose Del Castillo	
STREET ADDRESS	1052 SW 78TH CT		3 3 STREET ADDRESS	953 NW 133 ct.	
CITY-ST-ZIP	MIAMI FL		3 4 CITY-ST-ZIP	MIAMI, Fl.	
TITLE		☐ DELETE	4 1 TITLE	Sec.	☐ Change ☒ Addition
NAME			4 2 NAME	VICKY DEL CASTILLO	
STREET ADDRESS			4 3 STREET ADDRESS	953 N.W 133 Ct.	
CITY-ST-ZIP			4 4 CITY-ST-ZIP	MIAMI, Fl.	
TITLE		☐ DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY-ST-ZIP		
TITLE		☐ DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME			6 2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 7/8/96 305-649-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)