PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 422249

1. Corporation	TILLO ORTHOPEDIC CENT	ER, INC.								
Principal Place	e of Business	Mailing Addre	ess				£ IMBUIT MANS AIRIM HOLD LABAT O	1818 1811 81811 81	 	iti Alāli alalı ibal
3183 SW 8TH	STREET	3183 SW 8TH	STREET				•			
MIAMI FL 33135 MIAMI FL 33135		35				DO NOT WR	ITE IN THIS	SPACE		
							3. Date Incorporated or Qualifed			
							03/29/1973			
2. Principal P	lace of Business	2a. Mailing Ad	dress				4. FEI Number		i	Applied For
21		26					59-1452843			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt.	. #, etc.				5. Certificate of Status Desired			5 Additional
22		27					3. Certificate of Gianda Desired		Fee	Required
City & Stat	e	City & Sta	ite				6. Election Campaign Financing			0 May Be
23		28					Trust Fund Contribution			ed to Fees
Zip	Country	Zip	F	Country	ry		8. This corporation owes the cur	Tent year Into		\sim
24	25	29	30	<u></u>			Personal Property Tax. 10. Name and Address of New	Begistered .	Yes Acont	
	9. Name and Address of Curre	nt Registered Ager	nt	81	4 h	Name	10. Name and Address of New	registered /	Agent	
CAS	STILLO, JOSE DEL			"	'' '	, valine				
	NW 133 COURT			82	2 5	Street Addre	ess (P.O. Box Number is Not Accept	table)		
	MI FL 33182			83	2					
				"	٦					
									1	
	to the provisions of Sections 607.056	02 and 607.1508, FI	orida Statutes,	the abov		City named corpo	pration submits this statement for the	FL purpose of	.	its registered
	to the provisions of Sections 607.05 registered agen), or both, in the State im ramiliar with and accept the original state of the configuration of the conf			the aboverized by Statute	ove-noy the	named corpo e corporation	pration submits this statement for the n's board of directors. I hereby acce		.	
11. Pursuant office or r agent. I a	Signature, typed or printed name of registees ago			the aboverized by Statute	ove-noy the	named corpo e corporation		purpose of ept the appoin	changing ntment as	its registered registered
11. Pursuant office or r agent. I a	Signature, typed or printed name of registees ago	ent and title if applicable. ND DIRECTORS		the aboverized by Statute	ove-noy the	named corpo e corporation	t when reinstating)	purpose of ept the appoin	changing ntment as	its registered registered
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed of one attachment with an address, with all other like empowered.

6.2 NAME 6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

NTED NAME OF SIGNARY OFFICER OR DIRECTOR

Daytime Phone #

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90110 036 ***150.00