

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 446355

FILED
Mar 20, 2012
Secretary of State

Entity Name: ORTOPEDIA CUBANA Y CLINICA DEL PIE INC

Current Principal Place of Business:

5841 W. FLAGLER STREET
MIAMI, FL 33144

New Principal Place of Business:

5840 W. FLAGLER STREET
SUITE 101
MIAMI, FL 33144

Current Mailing Address:

5841 W. FLAGLER STREET
MIAMI, FL 33144

New Mailing Address:

5840 W. FLAGLER STREET
SUITE 101
MIAMI, FL 33144

FEI Number: 59-1514056

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMS, VICTOR H JR
5940 SW 114 STREET
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: ST
Name: KRYSTAL L GONZALEZ
Address: 5840 W FLAGLER ST
City-St-Zip: MIAMI, FL 33144

Title: P
Name: QUIRANTES, MARIA L
Address: 5940 SW 114 TERR.
City-St-Zip: MIAMI, FL 33156

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: MARIA L QUIRANTES

P

03/20/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date