

2001 UNIFORM BUSINESS REPORT (UBR)

4/5

FILED
May 03, 2001 8:00 am
Secretary of State

04-09-2001 90022 050 ***150.00

DOCUMENT # P00000077863

1. Entity Name

ORTHOPEDIC & OSTEOPOROSIS CARE, INC.

Principal Place of Business

Mailing Address

~~251 CRANDON BLVD~~

**251 CRANDON Blvd
 # 433 KRY BISCAYNE FLA 33149**

SAME

2. Principal Place of Business

3. Mailing Address

251 CRANDON BLVD

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~APT 433~~



DO NOT WRITE IN THIS SPACE

City & State

City & State

KRY BISCAYNE

4. FEI Number

65-103-2431

Applied For

Not Applicable

Zip

Country

Zip

Country

33149

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANCHEZ-MEDINA, ROLAND JR ESQ
 C/O MCDERMOTT, WILL & EMERY
 201 S BISCAYNE BLVD, 22ND FLOOR
 MIAMI FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Roland Sanchez-Medina

(NOTE: Registered Agent signature required when reinstating)

04/17/01

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001: Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
				<input type="checkbox"/>
	PRESIDENT	9333A SANCHEZ-MEDINA	251 CRANDON BLVD 433	<input type="checkbox"/>
		KRY BISCAYNE FLA 33149		<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (10/00)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Roland Sanchez-Medina*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #