

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 29 AM 8:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00000077863

1. Corporation Name

ORTHOPEDIC & OSTEOPOROSIS CARE, INC.

Principal Place of Business

Mailing Address

251 CRANDON BLVD
APT 433
KEY BISCAYNE FL 33149

251 CRANDON BLVD
APT 433
KEY BISCAYNE FL 33149



REINSTATEMENT 03-04

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/17/2000	
City & State		City & State		5. FEI Number	
Zip		Country		65-1032431	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	SANCHEZ-MEDINA, GESILA	251 CRANDON BLVD-APT 433	KEY-BISCAYNE-FL-33149
		60 Edge Water Drive P.H.Z.D. Coral Gables FLA 33133	Coral Gables FLA 33133

300038481473
06/30/04--01048--004 **300.00

8. Name and Address of Current Registered Agent		9. 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)	
		Suite, Apt. #, Etc.	
		City	
		State FL Zip Code	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: Gesila Sanchez Medina REGISTERED AGENT MUST SIGN Date: 10/17/03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees due by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Gesila Sanchez Medina
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date _____ Daytime Phone # _____

CR2E040 (7/03)

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ORTHOPEDIC AND OSTEOPOROSIS CARE, INC
60 EDGEWATER DR 16D
CORAL GABLES, FL. 33154

June 7, 2004

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FL. 32302

Gentlemen:

We received a attached letter saying that we didn't did the neccesary corrections in 2003, I am sending copy of the changes that were done in May of last year and sent them to you in May 15/03 then in October 15/03 you asked again for a check for \$ 175.00 for renewal and was sent to you, now you are returning our check for \$ 300.00, I spoke with one of your representatives, and they suggested that I should write a letter explaining this situation because they don't understant why this was returned.

I would appreciated very much, if you look this case closer and attached find again check No.2603 returned to us for the annual report of 2004, we really are sending again the payment of 2003.

Your cooperation in this matter will be greatly appreciated. We will be waiting for your answer.

Truly Yours,


PHYSICIAN ADVISING AND MARKETING, INC
GISELA SANCHEZ-MEDINA