

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 17, 2001 8:00 am
Secretary of State

04-24-2001 90021 011 ***150.00

DOCUMENT # P00000084500

1. Entity Name
INDEPENDENT ORTHOPEDIC CONSULTANTS, INC.

Principal Place of Business 3383 N.W. 7TH STREET, SUITE #201 MIAMI FL 33125	Mailing Address 3383 N.W. 7TH STREET, SUITE #201 MIAMI FL 33125
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2. Principal Place of Business 3383 NW 7th St.	3. Mailing Address 3383 NW 7th Street
Suite, Apt. #, etc. Suite # 106	Suite, Apt. #, etc. Suite # 106

City & State Miami	City & State Miami
Zip 33125	Country
Country	Zip 33125
Country	Country

4. FEI Number 65-1042382	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
COBAS, IVAN
3383 N.W. 7TH STREET, SUITE #201
MIAMI FL 33125

7. Name and Address of New Registered Agent
 Name **Cobas, Ivan**
 Street Address (P.O. Box Number is Not Acceptable)
3383 NW 7th Street Suite # 106
 City **Miami** FL **33125**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

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	PD COBAS, IVAN 3383 N.W. 7TH STREET, SUITE #201 MIAMI FL 33125
	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Cobas Ivan 3383 N.W. 7th Street Suite # 106 Miami FL 33125
	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **04/18/01** (305) 644-1313
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)