FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000031396

Corporation Name

Bringing Blace of Business

INTER-MED ORTHOPEDICS EQUIPMENT AND SUPPLIES, IN C.

Principal Flace	UI DUSINESS	(Mailing Madroso						
12486 S.W. 8 STREET Suite B		12486 S.W. 8 STREET SUITE B						
MIAMI FL 33184		MIAMI FL 33184			DO NOT WRITE IN THIS S	DO NOT WRITE IN THIS SPACE		
MIAMI FL 33104		MINMI IL 30104			3. Date Incorporated or Qualifed			
					04/10/1996		{	
	(D)	a Mailing Address	 .		4. FEI Number	- An	plied For	
2. Principal Pla	ace of Business	2a. Mailing Address			11		t Applicable	
<u> </u>		26			65-0657777	\$8.75		
		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	¥ Fee Re		
22 27 27 27 27 27 27 27 27 27 27 27 27 2							<u> </u>	
City & State	•	City & State			6. Election Campaign Financing	\$5.00		
23	28				Trust Fund Contribution	Added t	o rees	
Zip			Country	V				
24	25 29 30		30	1 dischart reporty (see		LINO		
	Name and Address of Current	nt Registered Agent		,	10. Name and Address of New Registered A	Agent		
			81	Name				
PEREZ, BARBARA			82	Street A	Address (P.O. Box Number is Not Acceptable)			
12480	6 S.W. 8 STREET		10.	Juccir	ridaress (F.O. Box Hallison is Nov. 1997)			
SUM	E B		. 83	1				
MIAM	I FL 33184					11 -: 4		
			84	City	FL	85 Zip (code	
		20 4 007 1509 Florido Statu	too the che	o named (corporation submits this statement for the purpose of	changing its	registered	
office or re	adistored agent or both in the State	of Florida. Such change was a	autnonzed by	/ the como	pration's board of directors. I hereby accept the appoin	tment as re	gistered	
agent. I ar	n familiar with, and accept the obliga	ations of, Section 607.0505, Flo	orida Statute	S			j	
SIGNATURE							\	
	Signature, typed or printed name of registered age		E: Registered Age	ent signature re	equired when reinstating) DATE			
12.	OFFICERS AF	ND DIRECTORS	13.	r	ADDITIONS/CHANGES TO OFFICERS AN		Addition	
TITLE	PD DELETE		1.1 TITLE			☐ Change	☐ Addition	
NAME	PEREZ, BARBARA		1.2 NAME					
STREET ADDRESS	AGAGG OLIV A OTDEET OURTED			ET ADDRESS			1	
CITY-ST-ZIP	MIAMI FL 33184		1.4 CITY-	ST-ZIP				
TITLE			2.1 TITLE			Change	☐ Addition	
NAME	22 N		2 2 NAME					
i				ET ADDRESS			į	
STREET ADDRESS				1				
CITY-ST-ZIP		☐ DELETE	2.4 GITY- 3.1 TITLE	51-ZiP1		Change	Addition	
TITLE		DELETE			,			
NAME			3.2 NAME					
STREET ADDRESS			3.3 STRE	ET ADDRESS				
CITY-ST-ZIP			3.4. СПҮ-	ST-ZIP				
TITLE		☐ DELETE	4,1 TITLE			☐ Change	☐ Addition	
NAME			4, 2 NAM	.				
STREET ADDRESS			4.3 STRE	ET ADDRESS			+	
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition	
			5.2 NAME					
NAME				ET ADDRESS				
STREET ADDRESS			5.4 CITY-					
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	U1-511		Change	Addition	
TITLE		☐ DETEIF				C) Change	ricolitorii	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STRE	ET ADDRÉSS				
CITY-ST-ZIP			6.4 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 of 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, or on an attactment with an address, with all other like empowered.

SIGNATURE

GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

BARBARA PEREZ

2/9/99

FILED

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90015 034 ***150.00

Daytime Phone #

R2E034 (11/98)