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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000027128**

1. Corporation Name
ORTHOPEDIX NETWORK, INC.

Principal Place of Business	Mailing Address
1385 N.W. 15TH STREET MIAMI FL 33125	1385 N.W. 15TH STREET MIAMI FL 33125

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 03/24/1998

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0834146	☐ Applied For ☐ Not Applicable
21 1350 SW 57th AVE	26 P.O. Box		
Suite, Apt. #, etc. 22 Ste. 318	Suite, Apt. #, etc. 27 440187	5. Certifcate of Status Desired ☑	**$8.75** Additional Fee Required
City & State 23 Miami, Fl.	City & State 28 Miami, Fl.	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 33144 Country 25 USA	Zip 29 33144 Country 30 USA	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
METSCH, BENJAMIN R 1385 N.W. 15TH STREET MIAMI FL 33125	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SPD PELAYO, JOSE A 1385 N.W. 15TH STREET MIAMI FL 33125	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☑ Change ☐ Addition SPD Pelayo, Jose A 1350 SW 57th AVE Ste 318 Miami, Fl. 33144
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. Julian G. Cantillo 1350 SW 57th AVE Ste 318 Miami, Fl. 33144	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☑ Addition V.P./D Julian G. Cantillo 1350 SW 57th AVE Ste. 318 Miami, Fl. 33144
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/98)

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 or 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 attachment with an address, with all other like empowered.

SIGNATURE: _____ Julian G. Cantillo, V.P. 1/13/99 305 326-9898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #