

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 31 AM 11:11

DOCUMENT # S16379

(7)

1. Corporation Name

BRANIER ORTHOPEDIC CARE CENTER, INC.

Principal Place of Business

**4231 W. COMMERCIAL BLVD.
TAMARAC FL 33319**

Mailing Address

**4231 W. COMMERCIAL BLVD.
TAMARAC FL 33319**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1990

3a. Date of Last Report

03/10/1994

4. FEI Number

65-0240920

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LANIER, KAREN
4233 W. COMMERCIAL BLVD.
TAMARAC FL 33319**

81 Name

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

83

84 City

FL

85 Zip Code

14. 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

Signature of person named as registered agent and holder of power

(NOTE: Registered Agent signature required when resigning)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
PS
2. NAME
LANIER, KAREN
3. STREET ADDRESS
935 NW 197TH AVE.
4. CITY, ST, ZIP
PEMBROKE PINES FL

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(6)(b), 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-95

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