
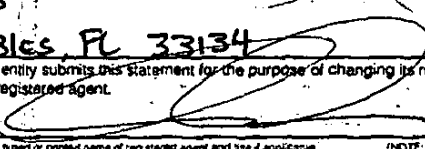
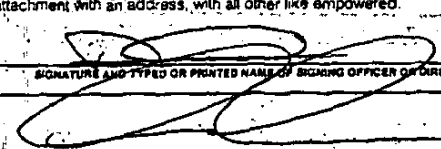


**FILED**  
**Sep 08, 2004 8:00 am**  
**Secretary of State**

08-18-2004 90003 024 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # S16379</b>			
1. Entity Name <b>BRANIER ORTHOPEDIC CARE CENTER, INC.</b>			
Principal Place of Business: 4231 W. COMMERCIAL BLVD. TAMARAC, FL 33319		Mailing Address 4231 W. COMMERCIAL BLVD. TAMARAC, FL 33319	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
07022004		Chg-P CR2E034 (10/03)	
4. FEI Number 65-0240920		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>GEORGE E. CRIMARCO</b> <b>269 GIRALDA AVE</b> <b>SUITE 203</b> <b>CORAL GABLES, FL 33134</b>		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		<b>GEORGE E. CRIMARCO</b> DATE <b>8-24-04</b>	
SIGNATURE: <small>Signature, typed or printed name of registered agent and fee applicator (NOTE: Registered Agent signature required when reinstating)</small>		DATE	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>PRES. VICTOR POWELL</b>
STREET ADDRESS		STREET ADDRESS	<b>4231 W. COMMERCIAL BLVD</b>
CITY - ST - ZIP		CITY - ST - ZIP	<b>TAMARAC, FL 33319</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>V. P. TERRY FILIPPELLI</b>
STREET ADDRESS		STREET ADDRESS	<b>4231 W. COMMERCIAL BLVD</b>
CITY - ST - ZIP		CITY - ST - ZIP	<b>TAMARAC, FL 33319</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
12. I hereby certify that the information submitted 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		<b>Aug 11 / 04 9544864610</b> DATE <b>8/24/04</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAYTIME PHONE #	

**66433204**



**SIGN  
 HERE**