

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 446355

**Entity Name:** ORTOPEDIA CUBANA Y CLINICA DEL PIE INC

**Current Principal Place of Business:**

5840 W. FLAGLER STREET,  
STE 1  
MIAMI, FL 33144

**Current Mailing Address:**

5840 W. FLAGLER STREET  
STE 1  
MIAMI, FL 33144 US

**FEI Number:** 59-1514056

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RAMS, VICTOR H JR  
1313 NW 167 ST  
MIAMI GARDENS, FL 33269 US

*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:** VICTOR H. RAMS JR

04/22/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	ST	Title	P
Name	RAMS, VICTOR H III	Name	QUIRANTES, MARIA L
Address	5840 W FLAGLER ST	Address	14201 SW 82 CT
City-State-Zip:	MIAMI FL 33144	City-State-Zip:	PALMETTO BAY FL 33158

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARIA L. QUIRANTES

**PRESIDENT**

04/22/2016

Electronic Signature of Signing Officer/Director Detail

Date