

2017 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
150 WEST FLAGLER ST
SUITE 2750
MIAMI, FL 33130 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

04/05/2017

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

04/05/2017

Electronic Signature of Signing Officer/Director Detail

Date