

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000071173

**Entity Name:** MIA ORTHO, INC.

**Current Principal Place of Business:**

7961 NW 159 TER  
MIAMI LAKES, FL 33016

**Current Mailing Address:**

7961 NW 159 TER  
MIAMI LAKES, FL 33016 US

**FEI Number: 46-0894645**

**Certificate of Status Desired: No**

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

SUAREZ, MIA  
7961 NW 159 TER  
MIAMI LAKES, FL 33016 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: MIA SUAREZ**

**04/30/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           DPS  
Name           SUAREZ, MIA  
Address        7961 NW 159 TER  
City-State-Zip: MIAMI LAKES FL 33016

*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: MIA SUAREZ**

**DIRECTOR**

**04/30/2014**

Electronic Signature of Signing Officer/Director Detail

Date