

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000007551

**Entity Name:** CICERO ORTHO-MED CENTER, INC.

**Current Principal Place of Business:**

750 SW 49TH AVENUE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

750 SW 49TH AVENUE  
CORAL GABLES, FL 33134

**FEI Number:** 65-0721807

**Certificate of Status Desired:** No

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

CICERO, ANA  
750 SW 49TH AVE  
CORAL GABLES, FL 33134 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:** ANA CICERO

01/14/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name CICERO, ANA  
Address 750 SW 49 AVE  
City-State-Zip: MIAMI FL 33134

*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:** ANA CICERO

**PRESIDENT**

01/14/2015

Electronic Signature of Signing Officer/Director Detail

Date