

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S98517

**Entity Name:** MON ORTHOPEDIC, INC.

**Current Principal Place of Business:**

600 E 25TH ST  
SUITE E  
HIALEAH, FL 33013

**Current Mailing Address:**

600 E 25TH ST  
SUITE E  
HIALEAH, FL 33013 US

**FEI Number:** 65-0303073

**Certificate of Status Desired:** No

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

QUIRANTES, OLGA L  
600 E 25TH ST  
SUITE E  
HIALEAH, FL 33013 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:** OLGA L. QUIRANTES

04/10/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PSTD  
Name QUIRANTES, OLGA L  
Address 600 E 25TH ST  
SUITE E  
City-State-Zip: HIALEAH FL 33013

*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:** OLGA L QUIRANTES

PRESIDENT

04/10/2024

Electronic Signature of Signing Officer/Director Detail

Date