

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S98517

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

**Current Principal Place of Business:**

517 E 25TH ST  
HIALEAH, FL 33013

**Current Mailing Address:**

517 E 25TH ST  
HIALEAH, FL 33013 US

**FEI Number: 65-0303073**

**Certificate of Status Desired: Yes**

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

MON REYES, MIRIAM  
1810 S.W. 183 TER  
MIRAMAR, FL 33029 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title           PTD  
Name           MON REYES, MIRIAM  
Address        1810 S.W. 183 TERR  
City-State-Zip: MIRAMAR FL 33029

*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: MIRIAM MON REYES**

**PRESIDENT**

**01/15/2015**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date