

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Sep 18 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT **1997**  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 529465**  
 1. Corporation Name  
 LE JEUNE ORTHOPEDIC ASSOCIATES, DRS. NIN, SANCHEZ-MEDINA, CALDWELL & BEAUPERTHY-ROJAS, P.A.

Principal Place of Business Mailing Address  
 351 N.W. LEJEUNE ROAD SUITE 205  
 MIAMI, FL 33126-5650 MIAMI, FL 33126-5650

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Country 28 Zip 29 Country 30

3. Date Incorporated or Qualified 3a. Date of Last Report  
 04/01/77 02/05/96  
 4. FEI Number Applied For  
 59-1730508 Not Applicable  
 5. Certificate of Status Desired \$8.75 Additional Fee Required  
 6. Election Campaign Financing \$5.00 May Be Added to Fees  
 Trust Fund Contribution  
 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent  
 DR. ROLANDO SANCHEZ-MEDINA  
 351 N.W. LEJEUN ROAD  
 SUITE 205  
 MIAMI, FL 33126

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code  
 200002298962  
 -09/22/97--01022--032  
 \*\*\*550.00  
**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  
 SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
 TITLE NAME STREET ADDRESS CITY-ST-ZIP  
 R. SANCHEZ-MEDINA, DP 351 N.W. LEJEUNE ROAD, #205 MIAMI, FL 33126  
 DELETED  
 FREDERICK L. NIN, SD 351 N.W. LEJEUNE ROAD, #205 MIAMI, FL 33126  
 DELETED  
 DELETED  
 DELETED

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 1.1 TITLE  
 1.2 NAME Change Addition  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP  
 2.1 TITLE  
 2.2 NAME Change Addition  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP  
 3.1 TITLE  
 3.2 NAME Change Addition  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP  
 4.1 TITLE  
 4.2 NAME Change Addition  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP  
 5.1 TITLE  
 5.2 NAME Change Addition  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP  
 6.1 TITLE  
 6.2 NAME Change Addition  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 FREDERICK L. NIN 9/5/97 (305) 649-2133

CR2E034 (9/96)