

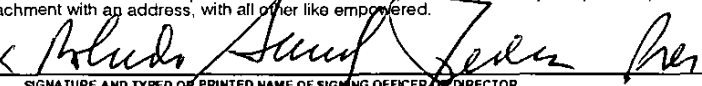


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 529465 1. Entity Name LE JEUNE ORTHOPEDIC ASSOCIATES, DRS. SANCHEZ-MEDINA & BEAUPERTHUY-ROJAS, P.A.						FILED 05 AUG 15 PM 3:15 SECRETARY OF STATE 			
Principal Place of Business PO BOX 143607 CORAL GABLES FL 33126		Mailing Address PO BOX 143607 CORAL GABLES FL 33126		2nd MOORE CR2E034 (5/05)					
2. Principal Place of Business 351 N.W. LEJEUNE RD.		3. Mailing Address 351 N.W. LEJEUNE RD.							
Suite, Apt. #, etc. 205		Suite, Apt. #, etc. 205							
City & State Miami FL		City & State Miami FL		4. FEI Number 59-1730508		Applied For <input type="checkbox"/> Not Applicable			
Zip 33126		Country USA		Zip 33126		Country USA			
6. Name and Address of Current Registered Agent SANCHEZ-MEDINA, ROLAND 351 N.W. LEJEUNE RD. #205 MIAMI FL 33126				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>					
8. 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. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>									
FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005. Make Check Payable to Florida Department of State				S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00 <input checked="" type="checkbox"/>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SANCHEZ-MEDINA R 351 NW LEJEUNE RD #205 MIAMI FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	500058742305 08/18/05--01053--021 **150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BEAUPERTHNY-ROSAS, GILBERT 351 NW DESEUNE RD #205 MIAMI FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE: 				Date: 07/26/05		Daytime Phone # _____			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>									