

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 529465

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: LE JEUNE ORTHOPEDIC ASSOCIATES, DRS. SANCHEZ-MEDINA & BEAUPERTHUY-ROJAS, P.A.

**Current Principal Place of Business:**

351 NW LEJEUNE ROAD  
205  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

351 NW LEJEUNE ROAD  
205  
MIAMI, FL 33126

**New Mailing Address:**

FEI Number: 59-1730508      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SANCHEZ-MEDINA, ROLAND  
2333 PONCE DE LEON  
SUITE 302  
CORAL GABLES, FL 33134 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SANCHEZ-MEDINA, ROLANDO  
Address: 351 NW LEJEUNE RD #205  
City-St-Zip: MIAMI, FL 33126

Title: TD ( ) Delete  
Name: BEAUPERTHNY-ROSAS, GILBERT  
Address: 351 NW DESEUNE RD #205  
City-St-Zip: MIAMI, FL 33126

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: BEAUPERTHNY-ROSAS, GILBERT  
Address: 351 NW LEJEUNE RD #205  
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GILBERT BEAUPERTHUY

TD

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date