

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 620474

1. Entity Name

MIAMI ORTHOPEDIC AND SURGICAL SERVICES, INC.

FILED

Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91321 001 ***150.00

Principal Place of Business

6187 N.W. 167 ST.
H-18
MIAMI FL 33015
US

Mailing Address

930 BELLE MEADE ISLAND
MIAMI FL 33138

1 6 6 0 0 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1920151

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUMBERTSON, RALPH
6187 N.W. 167TH ST.
H-18
MIAMI FL 33015

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	VS HUMBERTSON, GRACE	<input type="checkbox"/> Delete
STREET ADDRESS	930 BELLE MEADE ISLAND	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	PTD HUMBERTSON, RALPH	<input type="checkbox"/> Delete
STREET ADDRESS	930 BELLE MEADE ISLAND	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	M HUMBERTSON, RALPH	<input type="checkbox"/> Delete
STREET ADDRESS	930 BELLE MEADE ISLAND	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
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TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 of 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/01

Date

(305) 756-8826

Daytime Phone #

CR2E034 (10/00)