

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000002058**

1. Entity Name
MIAMI ORTHOPAEDIC MANAGEMENT, LTD.



FILED

03 FEB -7 AM 9:30

Principal Place of Business
**C/O KRAMER, GREEN, ZUCKERMAN & KAHN, P.A.
4000 HOLLYWOOD BLVD., SUITE 485 SO.
HOLLYWOOD FL 33021**

Mailing Address
**670 SOLANO PRADO
CORAL GABLES FL 33156**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
6341 Sunset Drive

3. Mailing Address

Suite, Apt. #, etc.
first Floor

Suite, Apt. #, etc.

City & State
South Miami, FL

City & State

Zip
33143

Country
USA

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number **65-0704839**

Applied For

Not Applicable

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

**KRAMER, ROBERT M
KRAMER, GREEN, ZUCKERMAN & KAHN, P.A.
4000 HOLLYWOOD BLVD., SUITE 485 SO.
HOLLYWOOD FL 33021**

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. I am familiar with, and accept the obligations of registered agent.

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

DATE

9. Capital Contributions
as Shown on record. **\$990.00**

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**CABRERA, JORGE M M.D.
6341 SUNSET DRIVE, 1ST FLOOR
SOUTH MIAMI FL 33143**

STREET ADDRESS

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**100011979371
02/07/03--01/07--003 **141.25**

M THOMAS

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2-3-03 305.667.2242

0002268
AV

CR05003 (10/02)

STAPLE CHECK HERE