

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K83191

1. Entity Name

ALPHA ORTHO-CARE, INC.

Principal Place of Business -

Mailing Address

1401 E 4TH AVE  
STE 104  
HIALEA FL 33010  
US

1401 E 4TH AVE  
STE 104  
HIALEA FL 33010  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0117590

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

QUIRANTES, TULIO  
1401 E 4TH AVE  
STE 102  
HIALEAH FL 33010

Name

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

City

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 re-stating)

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 STREET ADDRESS CITY - ST - ZIP	DPS QUIRANTES, TULIO 1404 E 4TH AVE - STE 102 HIALEAH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTSD QUIRANTES, TULIO 1401 E 4TH AVE STE 102 HIALEAH FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 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

04/20/01

Date

Daytime Phone #

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91590 037 \*\*\*150.00

552014



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)