FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L86816

(0)

HEALTHY ORTHOPEDICS II, INC.

FILED	
Apr 24 1998 8:00am	1
Secretary of State	

Change

Change

___ Addition

Addition

Principal Plac	e of Business	Mailing Address	-			I NEGLIGITA BAS TOTISE OTSON CALON NICLE OTSS BACTIC BACOS ANDSS BACIS BACIS BACIS AND STATIS
2268 SW 8TH ST. Miami FL 33135-4814		2268 SW 8TH ST. MIAMI FL 33135-4914			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified 07/10/1990
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number Applied For Not Applied bot Not Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required
City & Stat	е	City & State				Election Campaign Financing Trust Fund Contribution Added to Fees
Zip 24	Country 25	Zip 29	30 Cou	intry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Registered Agent
AD	ER, ROBERT			81	Name	
100 SE 2ND STREET, STE. 3320 MIAMI FL 33131				82	Street Add	dress (P.O. Box Number is Not Acceptable)
******	WIII 7 E 00 10 1			83		
				84	City	FL 85 Zip Code
11. Pursuant office or r agent. I a SIGNATURE	· 					poration submits this statement for the purpose of changing its registered alion's board of directors. I hereby accept the appointment as registered
12.	Signature typed or printed name of registered	AND DIRECTORS	13.	Age	ini signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D OFFICE (S.)	DELETE	1.1 Tri	TI F	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME	LEON, ESTHER	—	1.2 NA			
STREET ADDRESS	2268 SW 8TH ST				ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CF			
TITLE		DELETE	2.1 10			Change Addition
NAME		•	2.2 NA			=
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			2.40			
TITLE		DELETE	3.1 Til			☐ Change ☐ Addition
NAME			3.2 NA	ME		- , —
STREET ADDRESS			3.3 ST	REET	ADDRESS	
CITY-ST-ZIP			3.4. CI			
TITLE		DELETE	4.1 717			Change Addition
NAME			4. 2 N			
STREET ADDRESS					ADDRESS	
COV. CT. 7ID			44.00		1	

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 annual report or 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 annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certified in Section 119.07(3)(ii), Florida Sta

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY - ST - ZIP

DELETE

DELETE