

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90028 024 ***150.00

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1. Entity Name

**SOUTH MIAMI SPORTSMEDICINE & HAND THERAPY
CENTER, INC.**



Principal Place of Business

**1544 VENERA AVENUE
CORAL GABLES FL 33146**

Mailing Address

**1544 VENERA AVENUE
CORAL GABLES FL 33146**

20012102



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

7000 SW 62 AVE

3. Mailing Address

7000 SW 62 AVE

Suite, Apt. #, etc.

SUITE 120

Suite, Apt. #, etc.

SUITE 120

City & State

miami, fl

City & State

miami, fl

4. FEI Number

65-1048256

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MILARES, ROBERT A
1544 VENERA AVE.
CORAL GABLES FL 33146**

7. Name and Address of New Registered Agent

Name

MILLARES, ROBERT A

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

7000 SW 62 AVE

SUITE 120

City

miami

FL

Zip Code

33143

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME **MILLANES, ROBERT**
STREET ADDRESS **3000 SW 83RD CT.**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME **MILLARES, ROBERT**
STREET ADDRESS **8345 SW 96ST**
CITY-ST-ZIP **MIAMI, FL 33156**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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

Date

Daytime Phone #