

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P00000067348

1. Entity Name

SOUTH MIAMI SPORTSMEDICINE & HAND THERAPY  
CENTER, INC.



Principal Place of Business  
7000 SW 62 AVE  
SUITE 120  
MIAMI FL 33143

Mailing Address  
7000 SW 62 AVE  
SUITE 120  
MIAMI FL 33143

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

65-1048256

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

MILARES, ROBERT A  
7000 SW 62 AVE  
SUITE 120  
MIAMI FL 33143

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

(NOTE: Registered Agent signature required when revising/tying)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME MILLARES, ROBERT  
STREET ADDRESS 8345 SW 96 ST  
CITY-ST-ZIP MIAMI FL 33156

TITLE PD  
NAME MILLARES, ROBERT  
STREET ADDRESS 8345 SW 96 ST  
CITY-ST-ZIP MIAMI, FL 33156

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

3/20/06

(305) 666-7116

Date

Daytime Phone #

ROBERT MILLARES,  
PRESIDENT

**FILED  
Mar 22, 2006 8:00 am  
Secretary of State**

03-08-2006 90178 041 \*\*\*150.00

U U U U -



1st MOORE CR2E034 (10/05)



ATTACHMENT  
66006396

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 10, 2006

**SOUTH MIAMI SPORTSMEDICINE & HAND THERAPY CENTER, INC.**  
7000 SW 62 AVE  
SUITE 120  
MIAMI, FL 33143

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

Reference Number:

**P00000067348**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CD  
ANNUAL REPORTS SECTION