

2001 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 17, 2001 8:00 am
Secretary of State

04-24-2001 90021 011 ***150.00

DOCUMENT # P00000084500

1. Entity Name

INDEPENDENT ORTHOPEDIC CONSULTANTS, INC.

Principal Place of Business

3383 N.W. 7TH STREET, SUITE #201
 MIAMI FL 33125

Mailing Address

3383 N.W. 7TH STREET, SUITE #201
 MIAMI FL 33125

2. Principal Place of Business

3383 NW 7th St.

3. Mailing Address

3383 NW 7th Street

Suite, Apt. #, etc.

Suite # 106

Suite, Apt. #, etc.

Suite # 106

City & State

Miami

City & State

Miami

4. FEI Number

65-1042382

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

COBAS, IVAN
 3383 N.W. 7TH STREET, SUITE #201
 MIAMI FL 33125

7. Name and Address of New Registered Agent

Name

Cobas, Ivan

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

3383 NW 7th Street Suite # 106

City Miami

FL

Zip Code 33125

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 use if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COBAS, IVAN 3383 N.W. 7TH STREET, SUITE #201 MIAMI FL 33125	<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"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Cobas, Ivan 3383 N.W. 7th Street Suite # 106 Miami FL 33125	<input checked="" 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

04/18/01 (305) 644-1313

Date

Daytime Phone #

CR2E034 (10/00)