

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000054471

1. Entity Name
HALLANDALE BEACH ORTHOPEDICS, INC.



Principal Place of Business
**1250 EAST HALLANDALE BEACH BLVD.
SUITE 408
HALLANDALE BEACH, FL 33009 US**

Mailing Address
**1250 EAST HALLANDALE BEACH BLVD.
SUITE 408
HALLANDALE BEACH, FL 33009 US**



04102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1108952** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fees Required

6. Name and Address of Current Registered Agent

**COOPER, HARRY A
301 HOLIDAY DRIVE
HALLANDALE BEACH, FL 33009**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **COOPER, HARRY A**
STREET ADDRESS **1250 EAST HALLADALE BEACH BLVD. SUITE408**
CITY-ST-ZIP **HALLANDALE BEACH, FL 33009**

TITLE **ST**
NAME **COOPER, JOY F**
STREET ADDRESS **301 HOLIDAY DRIVE**
CITY-ST-ZIP **HALLANDALE BEACH, FL 33009**

TITLE
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CITY-ST-ZIP

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U000000519505
05/02/06-80057-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 807, 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 #

4/14/06 954-456-3757