


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

|  |   |
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| <b>DOCUMENT # P02000016667</b><br>1. Entity Name<br><b>ORTOPEDIA AMERICA, INC.</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>1112 SW 1ST STREET<br/>MIAMI, FL 33130-1011</b> | Mailing Address<br><b>3641 SW 161ST TERRACE<br/>MIRAMAR, FL 33027</b> |
|---|---|



04232004 No Chg-P CR2E034 (10/03)

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|   |                                       |
|---|---------------------------------------|
| 4. FCI Number<br><b>04-3613475</b>                        | App'ed For<br>Not App'ed              |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

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|--|
| 6. Name and Address of Current Registered Agent<br><br><b>LEYVA, LOURDES<br/>3641 SW 161ST TERRACE<br/>MIRAMAR, FL 33027</b> |
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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 of holder or clerk of registered agent and the applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$350.00**

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

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | PD<br>LEYVA, LOURDES<br>3641 SW 161ST TERRACE<br>MIRAMAR, FL 330271011 |
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05/03/04-A0155-006 150.00

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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, without other like empowered.

SIGNATURE: *Leyva* P.D.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-04 (305) 582-3634  
Date Daytime Phone