2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000045079

1. Entity Name

MIAMI CENTER OF ORTHOPEDIC, INC



FILED May 08, 2003 8:00 am Secretary of State

05-08-2003 90171 009 ***158.75

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	Place of Busin			3. Mailing Address					•		•	,
8585	SUNSET	8585	8585 SUNSET DR									
Suite, Apt	. #, etc.	Suite, Ap	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
STE 4	5	STE#4	STE#45									
City & Sta	te			City & State				4. FEI Number			Applied For	
, MIAMI	FLORI	DA	MIAMI	MIAMI FLORIDA				01- 0673376			Not Applicable	
^{Zip} 33143				33143								5 Additional equired
- Farmaning in	with the state of	the first of the same of the same of the same			See A			7. Nam	e and Address of Current	Registered	Agen	t
	1507670	The second second second second				Name		*				
DO NOT WRITE												
						Street Address (P.O. Box Number is Not Acceptable)						
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		And Control of the Co				City				FL	Zip	Code
8. The above	e named entity	Circles and a series and behave the control of the city of the cit	The second second second second	of changing its	registere	d office o	registere	d ager	nt, or both, in the State of Flo	rida. I am fa	miliar	with, and accept
	itions of registi		. ,	5 5	•		•			-		
		•								4/29t	h /n	၁
SIGNATURE										•	17.0	3
		x printed name of registered agent	and title if applicable	. (NOTE:	: Registered	Agent signat	ure required v	when reins	tating)	DATE		
, √Jai	nuary 1 - Ma	y 1 Fee is \$150.00					•	1	9. Election Campaign Fina	Nacina		te 00
	Arter may i	, Fee is \$550.00 UBR is \$61,25						l	Trust Fund Contribution			\$5.00 May Be Added to Fees
Make Check	Payable to	Florida Department of	f State						Tract (Grid Gorith Ballon			10000 10 1 003
10.		OFFICERS AND	DIRECTORS		out on the	ne de la company	7.植物域	eri sen	actions are not produced and	ar introduction	entra qu	建筑装卸货货
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NAME					NAME		信题的	THE STATE	大大的电子。在1000年,1900年的中华。 1900年,1900年,1900年,1900年	计设计	Section.	

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 on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29th/03(30)279.777

Daytime Phone #