

2003 **FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

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

05-08-2003 90171 009 \*\*\*158.75

DOCUMENT # P02000045079

1. Entity Name

MIAMI CENTER OF ORTHOPEDIC, INC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

8585 SUNSET DR

3. Mailing Address

8585 SUNSET DR

Suite, Apt. #, etc.

STE 45

Suite, Apt. #, etc.

STE#45

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33143 - 3500

Country

Zip

33143

Country

4. FEI Number

01- 0673376

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

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.

4/29th/03

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DPST  
ALFARO, ROSARIO MARILYN  
3197 SW 111 Ave  
MIAMI FLA 33165

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29th/03 (305) 279-7770

Date

Daytime Phone #